

<i>SERFF Tracking Number:</i>	<i>AEGG-127302280</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Transamerica Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>49601</i>
<i>Company Tracking Number:</i>	<i>CPBCI500</i>		
<i>TOI:</i>	<i>H07G Group Health - Specified Disease - Limited Benefit</i>	<i>Sub-TOI:</i>	<i>H07G.001 Critical Illness</i>
<i>Product Name:</i>	<i>Blanket Critical Illness</i>		
<i>Project Name/Number:</i>	<i>Blanket Critical Illness/CPBCI500</i>		

Filing at a Glance

Company: Transamerica Life Insurance Company

Product Name: Blanket Critical Illness	SERFF Tr Num: AEGG-127302280	State: Arkansas
TOI: H07G Group Health - Specified Disease - Limited Benefit	SERFF Status: Closed-Approved- Closed	State Tr Num: 49601
Sub-TOI: H07G.001 Critical Illness	Co Tr Num: CPBCI500	State Status: Approved-Closed
Filing Type: Form	Author: Patsy Napier	Reviewer(s): Rosalind Minor
	Date Submitted: 08/22/2011	Disposition Date: 08/23/2011
		Disposition Status: Approved-Closed
Implementation Date Requested:		Implementation Date:
State Filing Description:		

General Information

Project Name: Blanket Critical Illness	Status of Filing in Domicile: Authorized
Project Number: CPBCI500	Date Approved in Domicile: 07/21/2011
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type:
Submission Type: New Submission	Overall Rate Impact:
Filing Status Changed: 08/23/2011	
State Status Changed: 08/23/2011	Deemer Date:
Created By: Patsy Napier	Submitted By: Patsy Napier
Corresponding Filing Tracking Number: CPBCI500	
Filing Description:	
RE: TRANSAMERICA LIFE INSURANCE COMPANY	
NAIC: 468-86231 FEIN: 39-0989781	
NEW BLANKET HEALTH FORM FILING	
CPBCI5AR Blanket Master Policy for Critical Illness Indemnity Insurance	
CRBCAN00 Cancer Benefit Rider	
CRBHIV00 Occupational HIV Benefit Rider	
CRBRCI00 Recurrent Critical Illness Benefit Rider	
CRBICU00 Intensive Care Benefit Rider	
CRBLIF00 Quality of Life Rider	

SERFF Tracking Number:	AEGG-127302280	State:	Arkansas
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C-EI-02-00 Evidence of Insurability Form

The above-referenced forms are submitted for your review and approval. These are new forms and are not intended to replace any forms previously approved by the Department. No part of this filing contains unusual or controversial items that vary from normal company or industry standards.

CPBCI5AR – This is a blanket critical illness insurance policy that will be available for issue to employers, labor unions, trade organizations, associations, and credit unions as permitted under the laws of your state. The policy is intended to provide self-administered, policyholder-paid Critical Illness insurance to the employees or members of the policyholder on a guaranteed issue basis. No application will be required of an eligible employee or member for this basic coverage.

All eligible employees or members will have an opportunity to purchase Optional Critical Illness Coverage in amounts that are over and above the amounts provided by the policyholder. They may also elect Dependent Critical Illness Insurance if that option is made available. Each eligible employee or member who elects this optional coverage will be asked to contribute toward the cost of the Optional Critical Illness Insurance. All premiums will be remitted by the policyholder on a monthly basis.

This policy provides critical illness indemnity insurance that pays lump sum benefits upon the positive diagnosis of a listed critical illness. The covered critical illnesses will be split into four categories. The first two categories are included in the base coverage, whereas the other two categories are provided by two of the optional benefit riders. Certain benefits within each Category are also optional in order to give a Policyholder the flexibility necessary to select benefits that fit the needs of the group to be insured.

Category 1 covers heart attack, stroke, heart transplant, coronary bypass surgery, and angioplasty.

Category 2 covers major organ transplants (excluding heart), end-stage renal failure, paralysis not due to stroke, burns, and Alzheimer's Disease.

Category 3 benefits are provided by the optional Cancer Benefit Rider, CRBCAN00. This benefit pays a critical illness benefit for cancer, as defined in the rider, or for a bone marrow transplant.

Category 4 benefits are provided by the optional Occupational HIV Benefit Rider, CRBHIV00. The Occupational HIV Benefit Rider pays 100% of the benefit amount listed on the schedule of benefits for a critical illness when a covered person receives an initial positive diagnosis of HIV that is contracted during the course of employment.

SERFF Tracking Number: AEGG-127302280 State: Arkansas
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Company Tracking Number: CPBCI500
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Limited Benefit
Product Name: Blanket Critical Illness
Project Name/Number: Blanket Critical Illness/CPBCI500

The remaining optional benefit riders include the following:

Recurrent Critical Illness Benefit Rider, CRBRCI00, provides a certain percentage of the benefit amount for a recurrent critical illness as defined in the rider.

The Quality of Life Rider, CRBLIF00, is an optional rider that pays 5% of the benefit amount listed on the schedule of benefits per month when a covered person is confined in a nursing or assisted living facility and meets certain criteria.

The Intensive Care Benefit Rider, CRBICU00, provides a daily indemnity benefit for confinement in an intensive care unit, as well as a benefit for ambulance transportation.

C-EI-02-00 – This Evidence of Insurability form will be used when:

- An employee or member wishes to elect Optional Critical Illness Insurance coverage in amounts that may require him/her to provide proof of good health; or
- An employee or member wishes to elect Dependent insurance coverage in amounts that may also require the proof of good health.

The Policyholder Application, form C-PH-01-00, was previously approved by your department on September 21, 2010 (SERFF Tracking # AEGG-126732538). We wish to extend the use of the form to the policy form in this filing.

These forms will be marketed to eligible groups as permitted under the laws of your state. Premiums for the Basic benefits will be paid by the policyholder. If an Insured elects the Optional Critical Illness Coverage, he or she will be requested to contribute toward cost of the coverage.

Also enclosed is an Explanation of Variability (EOV) which includes an explanation of any bracketed material included in each document. The EOV also includes benefit ranges and issue age ranges. Bracketed text is either intended to be (a) in or out of the forms or (b) variable as described in the EOV. No change in the variable areas will be made which will be in conflict with the laws, rules and regulations of your state. In addition, no change in variability will be made which in any way expands the scope of the wording being changed.

Please note that minor modifications in paper size and stock, ink, border, Company logo, signatures and column formatting to accommodate system needs or internet format can occur.

To the best of our knowledge, this filing is complete and intended to comply with the insurance laws of your state. If you have any questions which can be resolved over the telephone, please do not hesitate to contact me at 800-400-3042, extension 127-1664.

SERFF Tracking Number: AEGG-127302280 State: Arkansas
Filing Company: Transamerica Life Insurance Company State Tracking Number: 49601
Company Tracking Number: CPBCI500
TOI: H07G Group Health - Specified Disease - Sub-TOI: H07G.001 Critical Illness
Limited Benefit
Product Name: Blanket Critical Illness
Project Name/Number: Blanket Critical Illness/CPBCI500

If you have any questions or comments, please let me know.

Sincerely,

Patsy J. Napier, FLMI, AIRC, HIA, CCP
Product Filing Supervisor & Assistant Secretary
Product Implementation Department
Transamerica Life Insurance Company
Telephone: 800-400-3042 x127-1664
Email: pnapier@aegonusa.com

Company and Contact

Filing Contact Information

Patsy Napier, Senior Contract Analyst pnapier@aegonusa.com
PO Box 8063 501-227-1664 [Phone]
Little Rock, AR 72203-8063 501-227-1097 [FAX]

Filing Company Information

Transamerica Life Insurance Company	CoCode: 86231	State of Domicile: Iowa
PO Box 8063	Group Code: 468	Company Type: Life and Health
Little Rock, AR 72203-8063	Group Name:	State ID Number:
(501) 227-1106 ext. [Phone]	FEIN Number: 39-0989781	

Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Transamerica Life Insurance Company	\$350.00	08/22/2011	50818206

SERFF Tracking Number:	AEGG-127302280	State:	Arkansas
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Product Name:	Blanket Critical Illness		
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	08/23/2011	08/23/2011

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Rosalind Minor	08/22/2011	08/22/2011	Patsy Napier	08/22/2011	08/22/2011

<i>SERFF Tracking Number:</i>	<i>AEGG-127302280</i>	<i>State:</i>	<i>Arkansas</i>
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Disposition

Disposition Date: 08/23/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AEGG-127302280 State: Arkansas

Filing Company: Transamerica Life Insurance Company State Tracking Number: 49601

Company Tracking Number: CPBCI500

TOI: H07G Group Health - Specified Disease - Sub-TOI: H07G.001 Critical Illness
Limited Benefit

Product Name: Blanket Critical Illness

Project Name/Number: Blanket Critical Illness/CPBCI500

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Explanation of Variables	Approved-Closed	Yes
Form (<i>revised</i>)	Blanket Master Policy for Critical Illness Indemnity Insurance	Approved-Closed	Yes
Form	Blanket Master Policy for Critical Illness Indemnity Insurance	Replaced	Yes
Form	Cancer Benefit Rider	Approved-Closed	Yes
Form	Occupational HIV Benefit Rider	Approved-Closed	Yes
Form	Recurrent Critical Illness Benefit Rider	Approved-Closed	Yes
Form	Intensive Care Benefit Rider	Approved-Closed	Yes
Form	Quality of Life Rider	Approved-Closed	Yes
Form	Evidence of Insurability Form	Approved-Closed	Yes

SERFF Tracking Number:	AEGG-127302280	State:	Arkansas
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Product Name:	Blanket Critical Illness		
Project Name/Number:	Blanket Critical Illness/CPBCI500		

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	08/22/2011
Submitted Date	08/22/2011

Respond By Date

Dear Patsy Napier,

This will acknowledge receipt of the captioned filing.

Objection 1

- Blanket Master Policy for Critical Illness Indemnity Insurance, CPBCI5AR (Form)

Comment:

With respect to handicapped dependents, there can be no time limit set for furnishing proof of incapacity. Refer to ACA 23-86-108(4) and Bulletin 14-81.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

SERFF Tracking Number: AEGG-127302280 State: Arkansas
Filing Company: Transamerica Life Insurance Company State Tracking Number: 49601
Company Tracking Number: CPBCI500
TOI: H07G Group Health - Specified Disease - Sub-TOI: H07G.001 Critical Illness
Limited Benefit
Product Name: Blanket Critical Illness
Project Name/Number: Blanket Critical Illness/CPBCI500

Response Letter

Response Letter Status Submitted to State
Response Letter Date 08/22/2011
Submitted Date 08/22/2011

Dear Rosalind Minor,

Comments:

This is in response to your letter of earlier today.

Response 1

Comments: The definition of Child has been revised to delete the "31-day" notification requirement in the second paragraph.

Related Objection 1

Applies To:

- Blanket Master Policy for Critical Illness Indemnity Insurance, CPBCI5AR (Form)

Comment:

With respect to handicapped dependents, there can be no time limit set for furnishing proof of incapacity. Refer to ACA 23-86-108(4) and Bulletin 14-81.

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Blanket Master Policy for Critical Illness Indemnity Insurance	CPBCI5A R		Policy/Contract/Fraternal Certificate	Initial		54.000	CPBCI5A R - BlanketCI Policy 8-22-

<i>SERFF Tracking Number:</i>	<i>AEGG-127302280</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>	<i>CPBCI500</i>		
<i>TOI:</i>	<i>H07G Group Health - Specified Disease - Limited Benefit</i>	<i>Sub-TOI:</i>	<i>H07G.001 Critical Illness</i>
<i>Product Name:</i>	<i>Blanket Critical Illness</i>		
<i>Project Name/Number:</i>	<i>Blanket Critical Illness/CPBCI500</i>		

2011.pdf

Previous Version

<i>Blanket Master Policy</i>	<i>CPBCI5A</i>	<i>Policy/Contract/Fraternal</i>	<i>Initial</i>	<i>54.000</i>	<i>CPBCI5A</i>
<i>for Critical Illness</i>	<i>R</i>	<i>Certificate</i>			<i>R -</i>
<i>Indemnity Insurance</i>					<i>BlanketCI</i>
					<i>Policy 8-</i>
					<i>19-</i>
					<i>2011.pdf</i>

No Rate/Rule Schedule items changed.

Your continued review of this submission will be appreciated.

Sincerely,
Patsy Napier

SERFF Tracking Number: AEGG-127302280 State: Arkansas

Filing Company: Transamerica Life Insurance Company State Tracking Number: 49601

Company Tracking Number: CPBCI500

TOI: H07G Group Health - Specified Disease - Sub-TOI: H07G.001 Critical Illness
Limited Benefit

Product Name: Blanket Critical Illness

Project Name/Number: Blanket Critical Illness/CPBCI500

Form Schedule

Lead Form Number: CPBCI500

Schedule Item	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Status						
Approved-Closed 08/23/2011	CPBCI5AR	Policy/Cont Blanket Master ract/Fratern Policy for Critical al Illness Indemnity Certificate Insurance	Initial		54.000	CPBCI5AR - BlanketCI Policy 8-22- 2011.pdf
Approved-Closed 08/23/2011	CRBCAN00	Policy/Cont Cancer Benefit Rider ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		56.000	CRBCAN00 Cancer Benefit Rider- 8-11-2011.pdf
Approved-Closed 08/23/2011	CRBHIV00	Policy/Cont Occupational HIV ract/Fratern Benefit Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		57.850	CRBHIV00 Occupational HIV Benefit Rider-5-12- 2011.pdf
Approved-Closed 08/23/2011	CRBRCI00	Policy/Cont Recurrent Critical ract/Fratern Illness Benefit Rider al Certificate: Amendmen t, Insert Page, Endorseme	Initial		57.000	CRBRCI00 Recurrent Critical Illness Benefit Rider- 5-11-2011.pdf

SERFF Tracking Number: AEGG-127302280 State: Arkansas
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Company Tracking Number: CPBCI500
TOI: H07G Group Health - Specified Disease - Sub-TOI: H07G.001 Critical Illness
Limited Benefit
Product Name: Blanket Critical Illness
Project Name/Number: Blanket Critical Illness/CPBCI500

Approved- CRBICU00	Policy/Cont Intensive Care	Initial	58.000	CRBICU00
Closed	ract/Fratern Benefit Rider			Intensive
08/23/2011	al			Care Benefit
	Certificate:			Rider - 5-12-
	Amendmen			2011.pdf
	t, Insert			
	Page,			
	Endorseme			
	nt or Rider			
Approved- CRBLIF00	Policy/Cont Quality of Life Rider	Initial	58.000	CRBLIF00
Closed	ract/Fratern			Quality of Life
08/23/2011	al			Benefit Rider
	Certificate:			5-12-2011.pdf
	Amendmen			
	t, Insert			
	Page,			
	Endorseme			
	nt or Rider			
Approved- C-EI-02-00	Application/ Evidence of	Initial	50.000	C-EI-02-00-
Closed	Enrollment Insurability Form			081911.pdf
08/23/2011	Form			

TRANSAMERICA LIFE INSURANCE COMPANY

Home Office: [4333 Edgewood Road NE, Cedar Rapids, IA 52499]
A Stock Company

Policyholder: [ABC Eligible Group]
Policyholder Address: [123 Any Street
Any City]
Policy Number: [0123456789]
Effective Date: [October 1, 2011]
Anniversary Date: [October 1]
Governing Jurisdiction: [Any State]

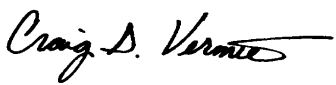
Transamerica Life Insurance Company ("the Company," "we," "us," and "our") agrees to pay the benefits described in this Policy, subject to all terms, conditions, and limitations. This Policy provides Basic Critical Illness Insurance on the lives of all Eligible Persons of the Policyholder, in consideration of the statements made in the Policyholder Application and the payment of premiums.

By our acceptance of the first premium paid by the Policyholder ("you," "your," and "yours") and by your receipt of this Policy, you agree:

1. To be bound by the terms of this Policy; and
2. To pay all premiums to us according to the terms of this Policy.

This Policy is subject to the laws of the governing jurisdiction in which it is issued.

This Policy is signed for the Company at our Home Office to take effect on the Policy's Effective Date.

[]

[General Counsel and Secretary]

[]

[President]

Blanket Master Policy for Critical Illness Insurance

Annually Renewable
Nonparticipating - No Annual Dividends

Administrative Office:
[1400 Centerview Drive, PO Box 8063
Little Rock, AR 72203-8063]

For Customer Service: [1-888-763-7474]

If we, at Transamerica Life Insurance Company, fail to provide you with reasonable and adequate service, you should feel free to contact:

Arkansas Insurance Department
Consumer Services Division
1200 West Third Street
Little Rock, AR 72201-1904
(501) 371-2640

MASTER POLICY TABLE OF CONTENTS

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INSURANCE SCHEDULE

This Insurance Schedule becomes effective on [October 1, 2011] and replaces any previous Insurance Schedule.

BENEFITS

Class: [1]	Description: [All Benefit-Eligible Employees]
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BENEFITS

Insured Critical Illness Benefit Amount:

Basic Critical Illness Benefit: [\$5,000]
[Optional Critical Illness Benefit: [\$5,000 to \$45,000 in increments of \$5,000]]

[Dependent Critical Illness Benefit Amount (per Dependent): [Cannot exceed 50% of the Insured's Benefit]

[Basic Critical Illness Benefit: [\$2,500]]
[Optional Critical Illness Benefit: [\$2,500 to \$22,500 in increments of \$2,500]]

Lifetime Maximum is [3 times the applicable Benefit Amount per Covered Person].

RATES

Basic Critical Illness Coverage Monthly Rate per \$1,000 of Coverage: [4.08]

[Optional Critical Illness Coverage Monthly Rate per \$1,000 of Coverage

Attained Age	Non-Tobacco User			Tobacco User		
	Employee	Employee & Child	Employee & Family	Employee	Employee & Child	Employee & Family
18-29	\$ xx.xx	\$ xx.xx	\$ xx.xx	\$ xx.xx	\$ xx.xx	\$ xx.xx
30-39	\$ xx.xx	\$ xx.xx	\$ xx.xx	\$ xx.xx	\$ xx.xx	\$ xx.xx
40-49	\$ xx.xx	\$ xx.xx	\$ xx.xx	\$ xx.xx	\$ xx.xx	\$ xx.xx
50-59	\$ xx.xx	\$ xx.xx	\$ xx.xx	\$ xx.xx	\$ xx.xx	\$ xx.xx
60-64	\$ xx.xx	\$ xx.xx	\$ xx.xx	\$ xx.xx	\$ xx.xx	\$ xx.xx
65+	\$ xx.xx	\$ xx.xx	\$ xx.xx	\$ xx.xx	\$ xx.xx	\$ xx.xx

]

RATE GUARANTEE

Rates are conditionally guaranteed for [2] Policy Years. Rates are subject to change if you request benefit changes. Rates are also subject to change if the total number of Insureds changes by more than [10%].

EVIDENCE OF INSURABILITY

Basic Critical Illness Coverage does not require Evidence of Insurability.

[Optional Critical Illness Coverage requires Evidence of Insurability for each proposed Covered Person.]

MINIMUM PARTICIPATION

[We require 100% of all Eligible Persons to be covered under the Basic Critical Illness Coverage of this Policy.]

COVERAGE

Type of Coverage

Percentage of Benefit Amount

Category 1

Heart Attack	100%
Stroke	100%
Heart Transplant	100%
[Coronary Bypass Surgery	25%]
[Angioplasty/Stent	5%]

Category 2

Major Organ Transplants (excluding Heart)	100%
End Stage Renal Failure	100%
[Paralysis Not Due to Stroke (all 4 limbs)	100%; 50% (if fewer than 4 limbs)]
[Burns	100%]
[Coma	100%]
[Loss of Sight, Speech and/or Hearing	100%]
[Miscellaneous Diseases	100%]
[Alzheimer's Disease	30%]

[Category 3 – Optional Cancer Benefit Rider

Invasive Cancer	100%
[Bone Marrow Transplant	100%]
[Carcinoma In Situ	25%]
[Prostate Cancer with TNM Classification of T1	25%]
[Skin Cancer	5%]

[Category 4 – Occupational HIV Benefit Rider (Insured Only–No Dependent Coverage)

100%]

[Optional Benefit Riders

[Recurrent Critical Illness Benefit Rider	[50%]]
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[Quality of Life Benefit Rider	5% of Benefit Amount per month (not to exceed 100% of Benefit Amount in aggregate)]
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[Intensive Care Benefit Rider (ICU)

[Policyholder Provided Daily Indemnity Benefit	[\$100] per day of ICU Confinement]
[Insured Purchased Daily Indemnity Benefit	[\$100] per day of ICU Confinement]]

POLICYHOLDER RESPONSIBILITIES

Duties - Your duties will include, but are not limited to, the following:

1. Accurately record and maintain information for each Eligible Person concerning eligibility, name, benefit elections, amount of coverage, Age, Effective Date, termination dates, contributions, class, and any completed Evidence of Insurability Forms. For two years after this Policy terminates, you must allow us the opportunity to examine these records at any reasonable time during normal business hours.
2. Provide us with any information we need to process claims.
3. Remit premium payments each month along with a worksheet detailing your premium calculations.
4. Provide us with any completed Evidence of Insurability Forms prior to the Anniversary Dates so that we can underwrite to determine benefit eligibility when applicable.
5. Cooperate fully with us in preparing and/or delivering certificates and any disclosures or notices regarding this insurance to all Covered Persons under this Policy.

Inspection of Policy - You must make this Policy available for inspection by your Insureds at all reasonable times during normal business hours.

Notice of Right to Convert Coverage - You are required to give an Insured a notice of the right to convert coverage after an Insured ceases to be eligible for coverage under this Policy.

PREMIUMS, POLICY CHANGES, TERMINATION, AND REINSTATEMENT

Premiums – The premiums due will be the sum of the premiums due for all Covered Persons under this Policy. Premiums are due and payable to us by you on each premium due date. The first premium due date is this Policy's Effective Date. Subsequent premiums are due monthly.

Who May Change This Policy - The terms of this Policy, including premium rates, may be changed at any time by written agreement between you and us. The insurance provided by this Policy may be changed or canceled without the consent of any Insured and without prior notice to any Insured. Only our President, Vice President, Secretary, or an Assistant Secretary may make changes to this Policy and then only in writing. No agent or Policyholder has authority to change this Policy or to waive any of its provisions. All changes are subject to the laws of the governing jurisdiction.

When Policy Changes are Effective - Unless otherwise agreed upon in writing, the Effective Date of any change in benefits or premiums will be the Anniversary Date.

When This Policy Ends – This Policy will terminate on the earliest of the following events:

1. If any premium payable is not paid within its Grace Period, this Policy will terminate on the day after the end of the Grace Period;
2. If you submit a 60-day advance written request to us to terminate this Policy, this Policy will terminate on the date specified in such request;
3. If we give you a 60-day advance written notice that we intend to terminate this Policy, this Policy will terminate on the date specified in such notice;
4. If you fail to comply with any terms of this Policy, or fail to fulfill any obligations under or pertaining to this insurance, or fail to comply with or cooperate with us in satisfying the requirements of any applicable law or regulation pertaining to this insurance, this Policy will terminate on the 32nd day after we have given you written notice of our intent to terminate.

Termination of this Policy is without prejudice to claims that occur or commence prior to the date of termination.

Grace Period – You have a Grace Period of 31 days from each premium due date, except the first, in which to pay the premium then due. Coverage will continue during the Grace Period. You are liable for the premium during the Grace Period.

When Policy May Be Reinstated – At our sole discretion, we may reinstate this Policy which has terminated if you request us to do so.

DEFINITIONS

The defined terms below are subject to the provisions of this Policy.

Active Service - To be considered in Active Service, the Eligible Person must be:

1. Performing in the usual manner all of the regular duties of his or her occupation on a scheduled work day; and
2. Performing these duties at one of the places of business where he or she normally works or at some location directed by the employer.

The Eligible Person is considered to be in Active Service on a day which is not a scheduled work day only if he or she would be able to perform in the usual manner all of the regular duties of his or her occupation if it were a scheduled work day. The Eligible Person must also have been in Active Service on the last preceding regular work day.

Amendment, Endorsement, or Rider - Any form issued by us which adds, modifies, changes, or deletes any Policy provisions or benefits.

Anniversary Date - The month and date of each Policy Year that is the same month and date as the Effective Date. When any date is referred to, the Effective Date will be at 12:01 AM at your address.

Application - The form completed and signed by you to apply for this Critical Illness Insurance coverage.

Basic Critical Illness Coverage - The critical illness coverage paid for by you and provided to the Insured at no cost.

Child – An Insured's Child who is under the Age of 26 and is:

1. A natural Child; or
2. A legally adopted Child or a Child who has been placed for adoption with the Insured; or
3. A stepchild or foster Child; or
4. A grandchild who lives with the Insured; or
5. A Child for whom the Insured has been appointed legal guardian; or
6. A Child for whom the Insured is legally required to provide support.

Child also includes a Child who is incapable of self-support due to a mental retardation or physical handicap. If a Child has reached Age 26, but is incapable of self-support because of mental retardation or physical impairment, we will continue the Child's coverage under the following conditions:

1. The Child must be incapacitated;
2. We must receive proof of the Child's incapacity. If proof, that the Child was incapacitated from the date the Child attained the limiting age is not submitted before or at the time Proof of Loss is submitted for a claim, benefits will not be extended past the date the Child attained the limiting age.
3. We may require additional proof of such incapacity from time to time, but not more often than once a year after the Child attains Age 26; and
4. Your coverage must remain in force.

Covered Person – The Insured and any of his or her Dependents who have been accepted by us for coverage.

Critical Illness - One of the illnesses or conditions listed below for which positive diagnosis is made by a Physician. It must be based on diagnostic criteria generally accepted by the medical profession, as defined below under Categories 1 and 2.

Category 1

Heart Attack – The ischemic death of a portion of heart muscle as a result of obstruction of one or more of the coronary arteries. A positive diagnosis must be supported by either of the following criteria:

1. The presence of three or more of the following indicators:
 - a. typical chest pain suggestive of Heart Attack;
 - b. new EKG changes indicative of myocardial infarction;
 - c. diagnostic increase of specific cardiac markers typical for Heart Attack; and
 - d. confirmatory imaging studies.
2. In the event of death, an autopsy confirmation identifying Heart Attack as the cause of death will be accepted.

Stroke – A cerebrovascular event resulting in permanent neurological damage, including infarction, hemorrhage, or embolization of brain tissue from an extracranial source. The diagnosis must be based on:

1. Documented neurological deficits; and
2. Confirmatory neuroimaging studies.

Stroke does not include cerebral symptoms due to:

1. Transient Ischemic Attack (TIA);
2. Reversible neurological deficit;
3. Migraine;
4. Cerebral injury resulting from trauma or hypoxia; or
5. Vascular disease affecting the eye, optic nerve or vestibular functions.

Heart Transplant – The irreversible failure of a Covered Person's heart for which a Physician has determined that the complete replacement of such heart with an entire heart from a human donor is Necessary. Such Covered Person has been placed on the Transplant List or the transplant procedure has been performed.

[Coronary Bypass Surgery - Undergoing of a surgical operation to correct narrowing or blockage of one or more coronary arteries with bypass grafts on the advice of a board-certified cardiologist. Angiographic evidence to support the necessity for this surgery will be required. The following procedures are not considered coronary artery bypass surgery: balloon angioplasty; laser embolectomy; atherectomy; stent placement; or other non-surgical procedures.]

[Angioplasty/Stent - Balloon angioplasty or other forms of catheter-based percutaneous transluminal coronary artery therapy to correct the narrowing or blockage of one or more coronary arteries. Coronary angioplasty must be performed by a Physician who is also a board-certified cardiologist. This benefit is confined to the heart; therefore, angioplasty/stenting of renal arteries or other peripheral arteries are excluded from this benefit.]

CATEGORY 2

Major Organ Transplant (excluding Heart) – The irreversible failure of a Covered Person's lung, pancreas, entire kidney or any combination, for which a Physician has determined that the complete replacement of such organ with an entire organ from a human donor is Necessary. It can also be the irreversible failure of a Covered Person's liver for which a Physician has determined that the complete or partial replacement of the liver or liver tissue from a human donor is Necessary. Such Covered Person has been placed on the Transplant List or the transplant procedure has been performed.

End Stage Renal Failure – The end stage failure which presents a chronic irreversible failure of both kidneys, and requires treatment by renal dialysis or kidney transplant.

[Paralysis - Means quadriplegia, paraplegia, or hemiplegia that is expected to last for a continuous 12-month period or longer from the date of diagnosis to determine if paralysis is permanent. "Quadriplegia" means the complete and irreversible paralysis of both upper and lower limbs. "Paraplegia" means the complete and irreversible paralysis of both lower limbs. "Hemiplegia" means the complete and irreversible paralysis of the upper and lower limbs on the same side of the body. "Limb" means an entire arm or an entire leg. A benefit will not be paid for paralysis that results from a stroke or psychiatric related causes.]

[Burns - The cosmetic disfigurement of body surface or area that is a full-thickness or third-degree burn covering at least 50% of the body surface. A full-thickness or third-degree burn is the injury and destruction of skin through the entire thickness or depth of the dermis and possibly to underlying tissue with a loss of fluid and sometimes shock caused by exposure to fire, heat, caustics, electricity, or radiation.]

[Coma – The state of unconsciousness for 30 consecutive days with:

1. No reaction to external stimuli;
2. No reaction to internal needs; and
3. The use of life support systems.

The diagnosis of Coma must indicate that permanent neurological deficit is present.]

[Loss of Sight, Speech, and/or Hearing – will mean:

1. Loss of Sight - the total and irreversible loss of all sight in both eyes;
2. Loss of Speech - the total and permanent loss of the ability to speak as the result of physical injury or disease;
3. Loss of Hearing - the total and irreversible loss of hearing in both ears. Loss of Hearing that can be corrected by the use of any hearing aid or device will not be considered an irrevocable loss.]

[Miscellaneous Diseases – The following diseases will be considered Category 2 Critical Illnesses when diagnosed by a Physician:

Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease)

Encephalitis/meningitis

Rocky Mountain Spotted Fever

Typhoid Fever

Anthrax

Cholera

Primary Sclerosing Cholangitis (Walter Payton's Disease)

Tuberculosis]

[Alzheimer's Disease - A clinically established diagnosis of the disease by a psychiatrist or neurologist, resulting in the inability to perform, independently, 2 or more of the following activities of daily living:

1. Bathing;
2. Dressing;
3. Eating;
4. Toileting;
5. Transferring; or
6. Incontinence.]

Covered Person – The Insured and any Dependents.

Dependent – The Insured's Spouse or Other Adult Dependent and Child(ren) covered under this Policy.

Effective Date - The date when coverage is in force.

Eligible Person - An employee or member that meets all of the eligibility requirements for becoming insured for Basic Critical Illness Coverage.

First Occurrence - A Critical Illness that was diagnosed for the very first time. (Diagnosis can occur after death, if the death is due to a Critical Illness.)

Immediate Family Member - The Insured, the Insured's Dependent, mother, father, brother, sister, or other close family member of the Insured or his or her Dependent.

Insured - The Eligible Person covered under this Policy.

Necessary – There is medical evidence to support the diagnosis.

Optional Critical Illness Coverage – The Optional Critical Illness Coverage available to an Insured. The Insured must contribute to the cost of this coverage.

Other Adult Dependent - The Insured's common law marriage partner, domestic partner, or civil union partner, if legally required in the governing jurisdiction or as otherwise agreed upon between the Policyholder and us.

Physician - A licensed practitioner of the healing arts who:

1. Performs only those services permitted by his or her license; and
2. Is not an Immediate Family Member.

Policy - This document that describes the Critical Illness coverage for your Insureds.

Policy Year - The 12-month period that starts from the Effective Date constitutes the first Policy Year. A new Policy Year begins on each Anniversary Date.

Policyholder, you, your, or yours - The entity named on this Policy's Cover Page.

Spouse - A person who is legally married to the Insured.

Transplant List - The Organ Procurement and Transportation Network (OPTN) list.

Transamerica Life Insurance Company, the Company, we, us, or our – The Insurer that underwrites this Critical Illness Insurance coverage and pays the benefits upon a valid claim.

ELIGIBILITY REQUIREMENTS

Eligible Person - To become an Insured under this Policy an Eligible Person:

1. Must be in Active Service on the day his or her coverage becomes effective;
2. Must meet the eligibility requirements listed on the Application; and
3. If applicable, must be a member of an eligible class as listed on the Insurance Schedule of this Policy.

Dependent - If Dependent coverage is available under this Policy, the Insured may elect Optional Critical Illness Coverage for his or her Spouse, Other Adult Dependent, or Dependent Children.

To be covered as a Dependent under this Policy, the Dependent must not be an Eligible Person under this Policy.

INITIAL ENROLLMENT AND EFFECTIVE DATE

Basic Critical Illness Coverage – An Eligible Person can enroll for Basic Critical Illness Coverage when he or she first becomes an Eligible Person. The Eligible Person is not required to contribute toward the cost of Basic Critical Illness Coverage. Coverage will become effective the first day of the month following the date he or she enrolls. If the Eligible Person is not in Active Service on the day coverage is scheduled to become effective, his or her coverage will become effective on the date he or she returns to Active Service.

Optional Critical Illness Coverage – If available, an Eligible Person may elect Optional Critical Illness coverage within 31 days of becoming an Eligible Person and authorize the payment of contributions due for the amount of additional coverage elected. If the Insured fails to make an election within the 31-day period, the Insured will not be permitted to enroll until the next Anniversary Date.

Coverage will become effective the first day of the month following the date he or she elects coverage, subject to the following:

1. If the Eligible Person is not in Active Service on the day coverage is scheduled to become effective, coverage will become effective on the date he or she returns to Active Service.
2. If a Spouse, Other Adult Dependent, or Child is confined in a hospital on the date their coverage is scheduled to become effective, his or her coverage will become effective on the day following discharge from the hospital.

Evidence of Insurability – Evidence of Insurability requirements are shown on the Insurance Schedule. If required, a completed Evidence of Insurability Form must be received prior to the Anniversary Date and approved by us before the associated coverage will become effective.

COVERAGE CHANGES

Annual Benefit Elections – Benefits are elected on an annual basis and will remain in effect for the Policy Year, subject to the terms of this Policy. Changes in benefit elections are not allowed during the Policy Year unless made in accordance with the Change in Family Status provision of this Policy.

Coverage Options Subject to Change - Basic and Optional Critical Illness Coverage options are subject to change on any Anniversary Date, as agreed upon between you and us.

Optional Critical Illness Coverage Changes - An Insured may increase or decrease Optional Critical Illness coverage elections each Anniversary Date. Such changes will become effective on the Anniversary Date. If the Insured is not in Active Service on the Anniversary Date, any new or additional amounts will not take effect until the date he or she returns to Active Service. If a Spouse, Other Adult Dependent, or Child is confined in a hospital on the Anniversary Date, any new or additional amounts will not take effect until the day following discharge from the hospital.

Change In Family Status – An Insured may change the election of Dependent Critical Illness Insurance coverage during any Policy Year due to a change in family status. A request to change coverage as a result of a change in family status must be consistent with the event. Requests for a change in coverage as a result of a change in family status must be submitted to the Policyholder in writing within 31 days following the event. Approval of the change in coverage will become effective on the date the change in family status occurred. If the Insured fails to

request a change in coverage within 31 days following the change in family status, the Insured will not be permitted to make such a change until the next Anniversary Date.

CRITICAL ILLNESS BENEFITS

Critical Illness Benefit – If a Covered Person is diagnosed with the First Occurrence of a Critical Illness, we will pay a lump sum benefit equal to the Benefit Amount multiplied by the applicable percentage shown in the Schedule of Benefits. The positive diagnosis must be made after the Effective Date of this Policy and while this Policy is in force.

If the total sum of the Critical Illness Benefit paid in a Category is less than 100% of the Benefit Amount, we will pay a lump sum benefit upon the diagnosis of a different type of Critical Illness within the same Category. This lump sum benefit is equal to the Benefit Amount multiplied by the applicable percentage shown in the Schedule of Benefits, not to exceed the remaining benefits for the Category.

The cumulative Critical Illness Benefit paid will not exceed 100% of the Benefit Amount within each applicable Category.

Lifetime Maximum Benefit - The total benefits paid under this Policy, including any attached Riders, will not exceed the Lifetime Maximum Benefit listed in the Schedule of Benefits.

Benefit Payments - Proof of any Critical Illness diagnosis must be submitted to us. Benefit payments will be made directly to the Insured.

EXCLUSIONS

We do not cover losses caused by, or as a result of, the:

1. Conditions other than those due to a covered Critical Illness.
2. Covered Person participating or attempting to participate in an illegal activity.
3. Covered Person intentionally causing self-inflicted injury.
4. Covered Person committing or attempting to commit suicide, whether sane or insane.
5. Covered Person's involvement in any period of armed conflict.
6. Surgeries performed outside the United States or its Territories.

Under no circumstances will we pay any benefits for losses or medical expenses incurred prior to the Effective Date.

We may reduce or deny a claim or void the insurance provided by this Policy for loss incurred by a Covered Person:

1. During the first 2 years from the Effective Date of such coverage for any misstatements in your Application which would have materially affected our acceptance of the risk; or
2. During the first 2 years from the Effective Date of an Insured's coverage for any misstatements in his or her Evidence of Insurability form which would have materially affected our acceptance of the risk; or
3. At any time for fraudulent misstatements in your Application or an Insured's Evidence of Insurability form.

TERMINATION OF COVERAGE

An Insured's Basic Critical Illness Insurance will end upon the earliest of the following:

1. The date of the Insured's death;
2. The last day of the month in which the Insured no longer qualifies for coverage as an Eligible Person; or
3. The date the Policyholder discontinues the Policy in accordance with the Policy Termination provision.

Subject to the Conversion Option, an Insured's Optional Critical Illness Insurance coverage will end on the earliest of the following dates:

1. The date the Insured's Basic Critical Illness Insurance terminates;
2. The date the Optional insurance lapses;
3. The Anniversary Date, if the Insured elects not to enroll for the next Policy Year; or
4. The date the Policyholder discontinues offering Optional Critical Illness Insurance for the Insured's classification.

Dependent Critical Illness Insurance will end on the earliest of the following:

1. The date the Insured's Basic Critical Illness Insurance terminates;
2. The date the Dependent's insurance lapses;
3. The Anniversary Date, if the Insured elects not to enroll for the next Policy Year;
4. The date the Policyholder discontinues offering Optional Dependent Critical Illness Insurance for the Insured's classification;
5. The date a Dependent becomes an Eligible Person under this Policy (for that Dependent only);
6. The last day of the month following the date the Insured and Spouse divorce, (for Spouse only);
7. The last day of the month following the date the Insured and Other Adult Dependent partnership is dissolved, (for Other Adult Dependent only); or
8. The Anniversary Date following a Dependent Child's 26th birthday (for that Child only).

Coverage will also end if a Covered Person submits a fraudulent claim to us.

CONVERSION OPTION

A Covered Person can convert his or her coverage to individual insurance in an amount not to exceed the amount of insurance that is terminating under this Policy. The premium for the individual coverage will be based upon the Covered Person's Attained Age and class of risk at the time of conversion, together with the form and amount of insurance chosen. No evidence of insurability will be required.

We must receive the conversion application and any required premium within 31 days of termination under this Policy. If the Covered Person dies within the 31-day conversion period, benefits under this Policy will be paid as if coverage had continued regardless of whether the Covered Person applied for conversion coverage.

Conversion is not available if termination is the result of:

1. Submitting a fraudulent claim; or
2. The Insured's decision to not elect Optional Critical Illness Insurance for the next Policy Year.

CLAIMS

Claim Forms - Claim forms should be used for filing proof of loss. The Policyholder will send such form to the claimant within 15 days of receipt of notice of claim. If the Policyholder fails to supply the proper claim forms within 15 days, the Insured can give written proof, setting forth the nature and extent of the loss, within the time stated in the Proof of Loss provision.

Claims Procedure - Due proof of the Insured's loss must be submitted to us at our Administrative Office. Claim forms may be obtained from the Policyholder.

Notice of Claim - Written notice of claim must be given to the Policyholder. Such notice should be made within 30 days after any loss covered by this Policy. If it is not reasonably possible to give notice within that time, the claim may not be denied or reduced due to the delay.

Payment of Benefits - All benefits payable will be paid to the Insured. Accrued benefits that are not paid at the Insured's death will be paid to his or her beneficiary or estate. If a benefit is to be paid to the Insured's estate, or to an Insured who is not competent to give a valid release, we may pay up to \$500 of such benefit to one of the Insured's relatives who is deemed by us to be justly entitled to it. Such payment, made in good faith, fully discharges us to the extent of the payment.

Physical Examinations and Autopsy - We have the right to have a Covered Person examined by a Physician of our choice as often as reasonably needed while a claim is pending. We will pay for such examination. In case of death, we may request an autopsy where it is not forbidden by law.

Proof of Loss - Proof of loss must be given to us at our Administrative Office within 90 days after the loss. If it is not reasonably possible to give proof within that time, late proof may be accepted if given within one year from the date of loss. This one year limit will not apply in the absence of legal capacity.

Time of Payment of Claims - Benefits for a covered loss will be paid as soon as we receive written proof of such loss.

GENERAL PROVISIONS

Adjustments in the Event of Clerical Error - Clerical error will not void insurance otherwise validly in force, nor will it continue or make insurance valid that otherwise would cease or would never have been issued.

Adjustments in the Event of Error in Age or Tobacco User Status - If the Age or Tobacco User status of any Covered Person is misstated, we will make an equitable adjustment in either the premium or amount of insurance. We will adjust any claims payable under this Policy to that amount of insurance that the premiums paid would have purchased based on the Covered Person's correct Age or Tobacco User status.

Conformity With State Statutes - Any provision of this Policy which is in conflict with the statutes of the governing jurisdiction is hereby amended to conform to the minimum requirements of such statutes.

Entire Contract - The Entire Contract consists of this Policy, any attached Amendments, Endorsements, or Riders, and your Application.

Legal Action - No legal action may be brought to recover under this Policy:

1. Within 60 days after written proof of loss has been furnished as required; or
2. More than three years from the time written proof of loss is required to be furnished.

Money Payable - All sums payable by or to us will be paid in the lawful currency of the United States of America.

No Dividends Payable - This Policy does not participate in the profits or surplus earnings of the Company.

Policyholder is an Agent of the Insured – For all purposes related to the insurance issued under this Policy, you act as an agent of the Insured. You do not, therefore, act as our agent for any purposes related to insurance issued under this Policy.

Right to Contest - We will not use any statement, except fraudulent statements, to void or reduce benefits under this Policy after it has been in force for two years from the Effective Date. Any such statements would have to be in a signed form. All statements made are considered representations and not warranties. No such statement will be used in any contest, unless a copy of such statement has been furnished to you.

For any Optional Critical Illness Coverage elections for which we require the Insured to complete an Evidence of Insurance Form, we will not use any statement, except fraudulent statements, to void or reduce his or her Optional Critical Illness Coverage after such coverage has been in force for two years from the Effective Date of such benefits. For increases in any Optional Critical Illness Coverage, our two-year right to contest starts anew, but will only apply to the amount of the increase.

Time Effective - For any dates used in this Policy, the effective time will be 12:01 AM at your address.

TRANSAMERICA LIFE INSURANCE COMPANY

Home Office: [Cedar Rapids, IA 52499]

Administrative Office: [1400 Centerview Drive, PO Box 8063, Little Rock, AR 72203-8063]
(Hereinafter called "the Company," "we," "us," or "our")

CANCER BENEFIT RIDER

This Rider is issued in consideration of the Application and payment of any required premium. Except as shown in this Rider, the provisions of the contract to which this Rider is attached will prevail.

DEFINITIONS

In addition to the definitions contained in the contract, the following definitions apply to this Rider.

[Bone Marrow Transplant] – The irreversible failure of a Covered Person's bone marrow for which a Physician has determined that the replacement of such Covered Person's bone marrow with bone marrow from the Covered Person or another human donor is Necessary.]

Clinical Diagnosis - A Clinical Diagnosis of Cancer is based on the study of symptoms.

Cancer – For the purposes of this Rider, Cancer means:

- **Invasive Cancer** - A Cancer which is evidenced by the presence of a malignant tumor characterized by uncontrolled and abnormal growth and spread of malignant cells, and the invasion of tissue. Leukemia, Hodgkin's Disease (except Stage 1 Hodgkin's Disease), and malignant melanoma will be considered Invasive Cancer.

Invasive Cancer does not include:

1. Pre-malignant conditions or conditions with malignant potential;
2. Prostatic Cancers which are histologically described as TNM Classification T1 (including T1(a) or T1(b), or of other equivalent or lesser classification); and
3. Any malignancy associated with the diagnosis of HIV.

- **[Skin Cancer]** - Basal cell epithelioma or squamous cell carcinoma. Skin Cancer does not include malignant melanoma or mycosis fungoides, which are not considered skin cancers under this Rider for the purpose of paying benefits.]
- **[Carcinoma In Situ]** - Cancer that is in the natural or normal place, confined to the site of origin without having invaded neighboring tissue.]
- **[Prostate Cancer with TNM Classification of T1]** - Microscopic tumors of the prostate that are neither palpable nor visible on transrectal ultrasonography.]]

Critical Illness – Category 3, consisting of Invasive Cancer, [Skin Cancer,] [Carcinoma In Situ,] [Prostate Cancer with TNM Classification of T1,] [and Bone Marrow Transplant] will be included under the Critical Illness Benefit in the contract, subject to the benefit amounts as listed in the Schedule of Benefits.

First Occurrence - A Critical Illness, as defined above, that was diagnosed for the very first time. (Diagnosis can occur after death, if the death is due to a Cancer.)

[We will consider the first Skin Cancer diagnosis after the Effective Date as the First Occurrence.]

[A Bone Marrow Transplant will be considered a First Occurrence the first time the Physician has determined that the Bone Marrow Transplant is Necessary.]

Initial Positive Diagnosis/Initially Positively Diagnosed - Cancer must be diagnosed by a Pathological or Clinical Diagnosis. An Initial Positive Diagnosis is the first time a Covered Person has received a Pathological Diagnosis based on the medical criteria as accepted by the American Board of Pathology or the Osteopathic Board of Pathology for the Cancer being investigated. We will accept a Clinical Diagnosis in lieu of a Pathological Diagnosis only when:

1. A Pathological Diagnosis cannot be made because it is medically inappropriate or life-threatening;
2. There is medical evidence to support the diagnosis; and
3. A Physician is treating a Covered Person for Cancer.

[Necessary – There is medical evidence to support the treatment.]

Pathological Diagnosis - A Pathological Diagnosis of Cancer is based on a microscopic study of fixed tissue or preparations from the hemic (blood) system. This type of diagnosis must be done by a certified pathologist whose diagnosis of malignancy is consistent with the standards established by the American Board of Pathology.

BENEFITS

This Rider adds the Category 3 coverage to the list of Critical Illnesses that are shown on the Schedule of Benefits of the contract to which this Rider is attached.

Critical Illness Benefit – If a Covered Person is diagnosed with the First Occurrence of a Critical Illness, as defined in this Rider, we will pay a lump sum benefit equal to the Benefit Amount multiplied by the applicable percentage shown in the Schedule of Benefits. The Positive Diagnosis must be made after the Effective Date of the contract and while this coverage is in force.

If the total sum of the Critical Illness Benefit paid in Category 3 is less than 100% of the Benefit Amount, we will pay a lump sum benefit upon the diagnosis of a different type of Critical Illness within Category 3. This lump sum benefit is equal to the Benefit Amount multiplied by the applicable percentage shown in the Schedule of Benefits, not to exceed the remaining benefits for Category 3.

The cumulative Critical Illness Benefit paid will not exceed 100% of the Benefit Amount for Category 3 and is subject to any Lifetime Maximum Benefit in the contract.

We will only pay for a loss as a direct result of the Critical Illnesses as defined herein. Proof of Positive Diagnosis or Necessary transplant must be submitted with each new claim.

EFFECTIVE DATE

This Rider becomes effective on the same date as the contract's Effective Date, unless we inform the Policyholder in writing of a different date.

EXCLUSIONS

We will not pay for any disease or incapacity that has been caused, complicated, worsened, or affected by, or as a result of Cancer or its treatment.

Under no circumstances will we pay any benefits for losses or medical expenses incurred prior to the Rider Effective Date.

We may reduce or deny a claim or void the insurance provided by this Rider for loss incurred by a Covered Person:

1. During the first 2 years from the Rider Effective Date for any misstatements in the Application which would have materially affected our acceptance of the risk; or
2. During the first 2 years from the Effective Date of an Insured's coverage for any misstatements in his or her Evidence of Insurability form which would have materially affected our acceptance of the risk; or
3. At any time for fraudulent misstatements in your Application or an Insured's Evidence of Insurability form.

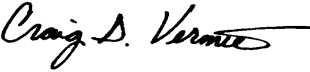
TERMINATION


This Rider will end on the earliest of:

1. The date the contract ends.
2. The date the contract or Rider lapses for failure to pay premium, subject to the Grace Period.
3. The date stated in the Policyholder's written request to end this Rider.

Termination of the contract and/or Rider by us will not affect any claim or loss which commenced while the contract and/or Rider were in force.

This Rider is signed for the Company at our Home Office to take effect on the Rider Effective Date.


[General Counsel and Secretary]


[President]

TRANSAMERICA LIFE INSURANCE COMPANY

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Administrative Office: [1400 Centerview Drive, PO Box 8063, Little Rock, AR 72203-8063]
(Hereinafter called "the Company," "we," "us," or "our")

OCCUPATIONAL HIV BENEFIT RIDER

This Rider is attached to and made part of the contract, as defined below, as of the Effective Date. It is issued in consideration of any statements made in the Application and payment of any required initial premium. Except as shown in this Rider, the provisions of the contract will prevail.

While this Rider is in force, we will pay benefits described in the Benefits section of this Rider.

DEFINITIONS

In addition to the definitions contained in the contract, the following definitions apply to this Rider.

Effective Date - The Effective Date of the contract or the date shown for this Rider if added to the contract at a later date.

HIV - The term Human Immunodeficiency Virus (HIV) will also include Acquired Immune Deficiency Syndrome (AIDS), and AIDS Related Complex (ARC).

Initial Positive Diagnosis/Initially Positively Diagnosed - The first time a Covered Person receives a diagnosis of HIV from a Physician.

Occupational HIV - This is a Critical Illness for which a positive diagnosis is made by a Physician. It must be based on diagnostic criteria generally accepted by the medical profession. The cause of the HIV must be from a needle stick/sharp injury or by a mucous membrane exposure to blood or bloodstained bodily fluid. Such exposure must occur during the 12 months immediately preceding the Initial Positive Diagnosis and while this Rider is in force. The accident must have occurred while the Covered Person was performing their normal occupational duties. The accident must be reported in accordance with the established occupational procedures for such accidents. The Covered Person must have undergone a blood test within 5 days of the accident which indicated the absence of HIV or antibodies to such a virus and a subsequent blood test within 12 months of the accident indicating the presence of HIV or antibodies to such a virus.

BENEFITS

This Rider adds the Category 4 Occupational HIV coverage shown on the Schedule of Benefits . Benefits for this Rider will be paid in accordance with the Benefit Provisions section of the Policy.

If the Covered Person receives an Initial Positive Diagnosis of HIV that is contracted during the course of employment, and after the Effective Date of this Rider, we will pay a lump sum benefit equal to the Benefit Amount multiplied by the applicable percentage shown in the Schedule of Benefits.

EXCLUSIONS AND LIMITATIONS

1. No benefits are payable for HIV that was not contracted during the course of a Covered Person's employment and as a result of his or her performance of their occupational duties.
2. We may reduce or deny a claim or void the insurance provided by this Rider for a loss incurred by a Covered Person:
 - a. During the first 2 years from the Effective Date of such coverage for any misstatements in the Application which would have materially affected our acceptance of the risk; or
 - b. During the first 2 years from the Effective Date of an Insured's coverage for any misstatements in his or her Evidence of Insurability form which would have materially affected our acceptance of the risk; or
 - c. At any time for fraudulent misstatements in the Application or an Insured's Evidence of Insurability form.
3. With respect to the benefits offered by this Rider, the Right to Contest provision of the contract will apply from the Effective Date of this Rider.

Under no circumstances will we pay any benefits for losses or medical expenses incurred prior to the Effective Date of this Rider.

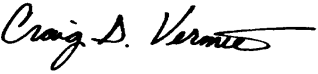
TERMINATION

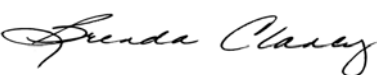
This Rider will end on the earliest of:

1. The date the contract ends.
2. The date the contract or Rider lapses for failure to pay premium, subject to the Grace Period.
3. The date stated in the Policyholder's written request to end this Rider.

Termination of the contract and/or Rider by us will not affect any claim or loss which commenced while the contract and/or Rider were in force.

This Rider is signed for the Company at our Home Office to take effect on the Rider Effective Date.


[General Counsel and Secretary]


[President]

TRANSAMERICA LIFE INSURANCE COMPANY

Home Office: [Cedar Rapids, IA 52499]

Administrative Office: [1400 Centerview Drive, PO Box 8063, Little Rock, AR 72203-8063]
(Hereinafter called "the Company," "we," "us," or "our")

RECURRENT CRITICAL ILLNESS BENEFIT RIDER

This Rider is issued in consideration of the Application and payment of any required premium. Except as shown in this Rider, the provisions of the contract to which this Rider is attached will prevail.

DEFINITIONS

Critical Illness – An illness, disease or condition as covered under the contract.

Recurrent Critical Illness - A Critical Illness that is not eligible for payment under the Critical Illness Benefit in the contract as a First Occurrence.

Treatment Free - The Covered Person is no longer:

1. Receiving care from a Physician; nor
2. Making regular office visits to a Physician; nor
3. Being prescribed medication for a Critical Illness, other than routine checkups or maintenance medication for that Critical Illness.

BENEFITS

This Rider provides a Recurrent Critical Illness benefit per Covered Person as follows:

A recurrence of the same type of Critical Illness is not eligible for the Recurrent Critical Illness Benefit, unless:

1. The diagnosis for the prior occurrence was at least 12 months from the most recent diagnosis; and
2. The Covered Person has been Treatment Free for at least 12 consecutive months.

If a Covered Person is diagnosed with a Recurrent Critical Illness, we will pay a lump sum benefit subject to any applicable maximum benefit payment limitation. The positive diagnosis must be made after the Effective Date and while this Rider is in force. The lump sum benefit equals the percentage shown for this Rider times the Benefit Amount times the applicable percentage as shown in the Schedule of Benefits.

The total Recurrent Critical Illness Benefit paid within each Category will not exceed the percentage shown for this Rider in the Schedule of Benefits times the Benefit Amount.

EFFECTIVE DATE

This Rider becomes effective on the same date as the contract's Effective Date, unless we inform the Policyholder in writing of a different date.

EXCLUSIONS

Under no circumstances will we pay any benefits for losses incurred prior to the Rider Effective Date.

We may reduce or deny a claim or void the insurance provided by this Rider for loss incurred by a Covered Person:

1. During the first 2 years from the Effective Date of such coverage for any misstatements in your Application which would have materially affected our acceptance of the risk; or
2. During the first 2 years from the Effective Date of an Insured's coverage for any misstatements in his or her Evidence of Insurability form which would have materially affected our acceptance of the risk; or
3. At any time for fraudulent misstatements in your Application or an Insured's Evidence of Insurability form.

TERMINATION

This Rider will end on the earliest of:

1. The date the contract ends.
1. The date the contract or Rider lapses for failure to pay premium, subject to the Grace Period.
2. The date stated in the Policyholder's written request to end this Rider.

Termination of the contract and/or Rider by us will not affect any claim or loss which commenced while the contract and/or Rider were in force.

This Rider is signed for the Company at our Home Office to take effect on the Rider Effective Date.



[General Counsel and Secretary]



[President]

TRANSAMERICA LIFE INSURANCE COMPANY

Home Office: [Cedar Rapids, IA 52499]
Administrative Office: [1400 Centerview Drive, PO Box 8063, Little Rock, AR 72203-8063]
(Hereinafter called "the Company," "we," "us," or "our")

INTENSIVE CARE BENEFIT RIDER

This Rider is issued in consideration of the Application and payment of any required premium. Except as shown in this Rider, the provisions of the contract to which this Rider is attached will prevail.

DEFINITIONS

In addition to the definitions contained in the contract, the following definitions apply to this Rider.

Actual Charge(s) – The amount actually paid by or on behalf of the Covered Person and accepted by the provider as payment for the particular goods or services provided.

Hospital - A licensed institution that has on its premises or in facilities available to the Hospital on a contractually prearranged basis and under the supervision of a staff of one or more duly licensed Physicians:

1. Laboratory, X-ray equipment and operating rooms where major surgical operations may be performed by licensed Physicians;
2. Permanent and full-time facilities for the care of overnight resident bed patients under the supervision of a licensed Physician;
3. 24-hour nursing service by graduate registered nurses; and
4. A patient's written history and medical records.

We will consider a government or charity Hospital as any other Hospital.

The term "Hospital" does not include an institution or that part of an institution operated as:

1. A place for rehabilitation;
2. A place for rest, or for the aged;
3. A nursing or convalescent home;
4. A long term nursing unit or geriatrics ward; or
5. An extended care facility for the care of convalescent, rehabilitative or ambulatory patients.

Hospital Confinement, Confinement, or Confined - That period of time the Covered Person is admitted into a medical facility on an inpatient basis in excess of 23 hours. Confinement does not include that period of time during which a Covered Person is in a Hospital emergency room, an observation room, or a freestanding surgical facility or outpatient facility. Successive Confinements separated by 30 days or less will be considered as one Confinement.

Intensive Care Unit ("ICU") – A specially designated area of a Hospital that provides the highest level of medical care restricted to those patients who are critically ill or critically injured. It must be separate and apart from the surgical recovery room and other rooms, wards, or beds normally used for patient Confinement. It must also:

1. Be provided with constant and continuous nursing care by nurses assigned on a full-time basis exclusive to such unit; and
2. Be under the full-time direction or supervision of either a Physician or a standing committee of the Hospital's medical staff; and
3. Contain special life-saving equipment.

ICU includes intensive cardiac and coronary care units, neonatal ICUs, and burn ICUs, if such units meet the conditions in this definition. ICU does not include any of the following lesser treatment units: private or semi-private rooms, private monitored/telemetry rooms, observation units, surgical recovery units, or other lesser treatment units.

Period of Intensive Care Confinement – A period of Hospital Confinement when the Covered Person is confined to the ICU or a Step Down Unit and is charged the Intensive Care or Step Down Unit rate for each day of such Confinement. If two Periods of Intensive Care Confinement are separated by 30 days or less, the second Period of Intensive Care Confinement will be considered a continuation of the first.

Step Down Unit – A specially designed area of the Hospital that provides medical care restricted to those patients who are critically ill or critically injured, providing a level of care just under that of an Intensive Care Unit. Step Down Unit includes: progressive care units; subacute intensive care units; and intermediate care units. This does not include lesser treatment units, such as: private or semi-private rooms; private monitored/telemetry rooms; observation units; or surgical recovery units.

BENEFITS

The following benefits are payable as shown below.

Daily Indemnity - We will pay the amount shown on the Schedule of Benefits for this Rider for each day the Covered Person is Confined in an ICU. We will pay 50% of this Daily Indemnity Benefit for treatment in a Step Down Unit when the Covered Person is Confined on an inpatient basis. The maximum number of days during any one Period of Intensive Care Confinement may not exceed 45 days for sickness or injury.

We will pay only one daily indemnity benefit per 24-hour period. The Lifetime Maximum shown in the Schedule of Benefits does not apply to this Rider.

Ambulance - We will pay the Actual Charges for transportation by a licensed ambulance service, not to exceed twice the daily indemnity benefit amount for one 24-hour period of ICU Confinement as shown on the Schedule of Benefits for this Rider. Transportation must be to a Hospital for admission to an ICU or a Step Down Unit for a covered Confinement.

Ambulance transportation in excess of 100 miles from the point of origin must be to the nearest Hospital which contains an ICU and provides necessary medical care.

Proof of Loss must be submitted to us for each incurred expense. Benefit payments will be made directly to you, unless you assign benefits.

EFFECTIVE DATE

This Rider becomes effective on the same date as the contract's Effective Date unless we inform the Policyholder in writing of a different date.

EXCLUSIONS

We will not pay any benefits for loss resulting from:

1. Specifically excluded diseases or conditions in the contract or in this Rider; or
2. An attempted suicide while sane or insane or an intentionally self-inflicted injury; or
3. Any act of war either declared or undeclared; or
4. Alcoholism or drug addiction; or
5. Mental or nervous disorders; or
6. An overdose of drugs, narcotics or hallucinogens, unless administered on the advice of a Physician; or
7. Intoxication, or being under the influence of any intoxicant or narcotic, unless administered on the advice of a Physician; or
8. Injury received while engaging in an illegal occupation or activity.

Under no circumstances will we pay any benefits for losses or medical expenses incurred prior to the Rider Effective Date.

We may reduce or deny a claim or void the insurance provided by this Rider for loss incurred by a Covered Person:

1. During the first 2 years from the Effective Date of such coverage for any misstatements in your Application which would have materially affected our acceptance of the risk; or
2. During the first 2 years from the Effective Date of an Insured's coverage for any misstatements in his or her Evidence of Insurability form which would have materially affected our acceptance of the risk; or
3. At any time for fraudulent statements in your Application or an Insured's Evidence of Insurability form.

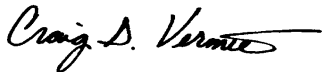
TERMINATION


This Rider will end on the earliest of:

1. The date the contract ends.
2. The date the contract or Rider lapses for failure to pay premium, subject to the Grace Period.
3. The date stated in the Policyholder's written request to end this Rider.

Termination of the contract and/or Rider by us will not affect any claim or loss which commenced while the contract and/or Rider were in force.

This Rider is signed for the Company at our Home Office to take effect on the Rider Effective Date.


[General Counsel and Secretary]


[President]

TRANSAMERICA LIFE INSURANCE COMPANY

Home Office: [Cedar Rapids, IA 52499]
Administrative Office: [1400 Centerview Drive, PO Box 8063, Little Rock, AR 72203-8063]
(Hereinafter called "the Company," "We," "Us," or "Our")

QUALITY OF LIFE BENEFIT RIDER

This Rider is attached to and made part of the contract as of the Effective Date. It is issued in consideration of any statements made in the Application and payment of any required initial premium. Except as shown in this Rider, the provisions of the contract will prevail.

This Rider provides that the Covered Person may elect to receive a portion of the contract's Benefit Amount on a monthly basis when the Covered Person becomes eligible for benefits by being certified as a Chronically Ill Individual and is Confined to a Nursing or Assisted Living Facility, subject to terms and conditions defined in this Rider.

NOTICE TO PERSONS ELIGIBLE FOR MEDICARE

This is not a Medicare Supplement Rider. If the Covered Person is eligible for Medicare, review the Medicare Supplement Buyer's Guide available from the Company.

DEFINITIONS

In addition to the definitions contained in the contract, the following definitions apply to this Rider.

Activities of Daily Living (also referred to as ADLs) – Every day activities, including the following:

Bathing - The ability to wash oneself by sponge bath; or in either a tub or shower, including the task of getting into and out of the tub or shower.

Continence – The ability to maintain control of bowel and bladder function; or, when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene (including caring for catheter or colostomy bag).

Dressing - The ability to put on and take off all items of clothing and any necessary braces, fasteners or artificial limbs.

Eating - The ability to feed oneself by getting food into one's body from a receptacle (such as a plate, cup or table) or by a feeding tube or intravenously.

Toileting – The ability to get to and from the toilet, to get on and off the toilet, and to perform associated personal hygiene.

Transferring - The ability to move into or out of a bed, chair or wheelchair.

Assisted Living Facility - A facility engaged primarily in providing ongoing care and related services that meet all of the following criteria:

1. It is appropriately licensed or certified to provide these services, if such licensing or certification is required by the state in which it operates; and
2. It provides 24 hours a day care and services sufficient to support needs resulting from inability to perform Activities of Daily Living or from Severe Cognitive Impairment; and
3. It has an awake, trained and ready-to-respond employee on duty in the facility at all times to provide care; and
4. It provides three meals a day and accommodates special dietary needs; and
5. It has written contractual arrangements or otherwise ensures that residents receive the medical care services of a Physician or Registered Professional Nurse in case of emergency; and
6. It has appropriate methods and procedures to assist residents in the self-administration of prescribed medications.

Examples of an Assisted Living Facility include, but are not limited to, residential care facilities, board and care facilities, adult foster homes, and hospice care facilities.

The following entities cannot qualify as an Assisted Living Facility:

1. A Hospital; or
2. A facility or part of a facility that is operated mainly for the treatment and care of the following:
 - a. mental, nervous, psychotic or psychoneurotic deficiencies or disorders; or
 - b. tuberculosis; or
 - c. alcoholism; or
 - d. drug addiction; or
 - e. rehabilitation; or
 - f. occupational therapy.

Determination of whether Confinement to an Assisted Living Facility is eligible for benefits is based on whether the facility meets the requirements set forth in this Rider.

Chronically Ill Individual – A Covered Person who has been certified by a Physician as:

1. Being Unable to Perform, without Substantial Human Assistance, at least two Activities of Daily Living (Bathing, Continence, Dressing, Eating, Toileting, and Transferring) for a period of at least [90] days; **or**
2. Having a Severe Cognitive Impairment that requires Substantial Supervision for protection from threats to his or her health and safety.

Certification by a Physician as a Chronically Ill Individual must occur at least once every 12 months.

Confined or Confinement - Assignment to a bed within a licensed Nursing or Assisted Living Facility as an overnight resident patient.

Effective Date - The Effective Date of the contract or the date shown for this Rider if added to the contract at a later date.

Elimination Period - The number of days during which the Covered Person must meet the conditions listed under the What We Will Pay provision and during which no benefits are payable under this Rider. The Elimination Period starts from the first day that the Covered Person becomes a Chronically Ill Individual. The Elimination Period for this Rider is 90 days. The Elimination Period needs to be satisfied only once during the Covered Person's lifetime, but must be satisfied during a continuous period.

Home - Any place where the Covered Person resides other than a Nursing Facility, Assisted Living Facility, Alzheimer's facility, Hospital, hospice facility, congregate care or any other similar residential care facility.

Licensed Social Worker – A healthcare professional who is licensed by the state in which he or she practices and who is practicing within the scope of that license. It does not include an Immediate Family Member or anyone who normally resides in the Covered Person's Home or residence.

Medicare – The Health Insurance for the Aged Act, Title XVIII of the Social Security Amendments of 1965 as then constituted or later amended.

Nursing Facility – A health care facility or a distinct part of a Hospital or other institution that meets all of the following standards:

1. It operates under a license issued by the appropriate licensing agency to provide nursing care and related services;
2. It provides, in addition to room and board, 24 hours a day nursing care and related services on a continuing inpatient basis, to 6 or more individuals;
3. It provides on a formal prearranged basis, a Registered Professional Nurse on duty or on call at all times;
4. It provides, on a formal prearranged basis, that a duly licensed Physician will be available in case of emergency;
5. It has a planned program of policies and procedures developed with the advice of and periodically reviewed by, at least one Physician; and
6. It maintains a clinical record of each patient.

Nursing Facility does not mean a Hospital. It does not mean a facility or part of a facility that is operated mainly for the treatment and care of mental, nervous, psychotic or psychoneurotic deficiencies or disorders; or tuberculosis; or drug addiction; or rehabilitation; or occupational therapy.

Plan of Care – A written individualized plan of services developed by a Physician.

Registered Professional Nurse - A healthcare professional who is licensed or registered as a professional graduate nurse by the state in which he or she practices and who is practicing within the scope of that license. It does not include an Immediate Family Member or anyone who normally resides in the Covered Person's residence.

Severe Cognitive Impairment – A deficiency in the Covered Person's short-term or long-term memory, and/or orientation as to person, place and time; loss of deductive or abstract reasoning, or judgment as it relates to safety awareness. Severe Cognitive Impairment is established by clinical evidence and standardized tests that reliably measure the Covered Person's loss. Examples of Severe Cognitive Impairment include Alzheimer's disease and similar forms of senility, senile dementia, and irreversible dementia.

Substantial Human Assistance – Actual physical assistance by another individual.

Substantial Supervision – Continuous supervision including, but not limited to, verbal cueing by another individual to protect the Covered Person from harming himself or herself or others, or from threats to the Covered Person's health and safety.

BENEFITS

We will pay the percentage of the Benefit Amount shown on the Schedule of Benefits on a monthly basis, subject to all of the following conditions:

1. The Covered Person is a Chronically Ill Individual;
2. The Covered Person is Confined in a Nursing or Assisted Living Facility and Confinement begins while this Rider is in force;
3. Confinement services are included in the Covered Person's Plan of Care;
4. The Covered Person satisfies the Elimination Period;
5. The Covered Person is at least 70 years old;
6. The Rider has been in force for at least 5 years; and
7. The contract to which this Rider is attached is in force.

Total benefits paid under this Rider will not exceed 100% of the Benefit Amount when combined with all other benefit payments under the contract. The Benefit Amount will be reduced by each amount paid under this Rider.

Waiver of Premium - For each full or partial contract month that the Covered Person receives benefits under this Rider, We will waive the premium for their contract.

LIMITATIONS AND EXCLUSIONS

We will not pay Rider benefits for loss resulting from any of the following:

1. Any benefits after 100% or more of the Benefit Amount under the Policy has been paid out for First Occurrence or Recurrent benefits.
2. We may reduce or deny a claim or void the insurance provided by this Rider for loss incurred by a Covered Person:
 - a. During the first 2 years from the Effective Date of such coverage for any misstatements in your Application which would have materially affected our acceptance of the risk; or
 - b. During the first 2 years from the Effective Date of an Insured's coverage for any misstatements in his or her Evidence of Insurability form which would have materially affected our acceptance of the risk; or
 - c. At any time for fraudulent misstatements in your Application or an Insured's Evidence of Insurability form.
3. With respect to the benefits offered by this Rider, the Right to Contest provision of the contract will apply from the Effective Date of this Rider.
4. Confinement occurring outside the United States or its territories.

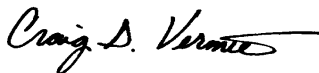
TERMINATION


This Rider will end on the earliest of:

1. The date the contract ends.
2. The date the contract or Rider lapses for failure to pay premium, subject to the Grace Period.
3. The date stated in the Policyholder's written request to end this Rider.

Termination of the contract and/or Rider by us will not affect any claim or loss which commenced while the contract and/or Rider were in force.

This Rider is signed for the Company at our Home Office to take effect on the Rider Effective Date.

[]
[General Counsel and Secretary]

[]
[President]

**Transamerica Life Insurance Company ("insurer")**

Home Office: Cedar Rapids, IA
Administrative Office: P.O. Box 8063
Little Rock, AR 72203-8063

**Evidence of
Insurability
Form**

Group Name		Group Number		Location	
Employee/Member Name (Last, First, M.I.)		<input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security No.	Date of birth	Effective Date
Home address		City		State	Zip code

Full Name of person(s) Requiring Underwriting Approval	Relationship to Employee/Member	Date of Birth	Height	Weight	Used tobacco products in the last year?
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					Does not apply to children

1. Is any person listed above currently disabled?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Is any person listed above covered by any Title XIX program (e.g. Medicaid)	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Has any person listed above had an actual diagnosis of or treatment by a member of the medical profession for Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), or sexually transmitted disease?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. In the past ten years, has any person listed above been treated for, been diagnosed as having, or had any indication, sign or symptom of having any heart, brain, lung, circulatory, respiratory, blood, vascular, kidney, liver, pancreas, digestive, reproductive, rheumatoid or neurological disorders, blood transfusion, diabetes, optic neuritis, fibromyalgia, chronic fatigue syndrome, cancer or malignancy in any form (except non-melanoma skin cancer) including leukemia, Hodgkin's Disease, carcinoma, sarcoma, and lymphoma, or been treated or counseled for alcohol or drug abuse?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Has any person listed above been recommended for any medical treatment that has not yet been completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Has any person listed above ever been recommended for an organ transplant, including bone marrow and stem cell?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Has any person listed above undergone a biopsy or other diagnostic test within the last 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Does any person listed above have high blood pressure that is controlled by more than two medications?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please provide details of all "Yes" answers. Use additional paper if needed. For High Blood Pressure, please indicate most recent blood pressure reading, name of any medications and dosage.		
Question #	Name	Please list: Illness, Injury, Condition, Symptoms, Medication, Date of last Treatment, Date Condition Diagnosed, Duration, Result, Current Health Status, Prognosis, Name & Address of Doctor or Hospital

I represent that all statements and answers made on or attached to this form are true to the best of my knowledge and belief, and realize that any false statements herein which materially affect the acceptance of the risk or the hazard assumed may result in loss of coverage.

[For All states not listed below: I understand that any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, any information concerning any fact material thereto, commits a fraudulent insurance act which is a crime and subjects such person to criminal and civil penalties.]

[For DC, LA, or RI: I understand that any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.]

[For MA or NC: I understand that any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, any information concerning any fact material thereto, commits a fraudulent insurance act which may be a crime and may subject such person to criminal and civil penalties.]

[For OK: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.]

[For VT: I understand that any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, any information concerning any fact material thereto, may be committing a fraudulent insurance act which may be a crime subject to criminal and civil penalties.]

[For WA: It is a crime to knowingly present false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.]

I also understand that coverage will become effective only if underwriting is approved by Transamerica Life Insurance Company.

I hereby authorize any licensed physician, medical practitioner, hospital, clinic or other medical or medically-related facility, insurance company, the Medical Information Bureau, or other organization, institution or person, that has any records or knowledge of me or my family's health, to give to Transamerica Life Insurance Company, or its reinsurers, any such information.

I understand the information obtained by use of this Authorization will be used by Transamerica Life Insurance Company to determine eligibility for insurance. Any information obtained will not be released by Transamerica Life Insurance Company to any person or organization except to reinsuring companies, the Medical Information Bureau, or other persons or organizations performing business or legal services in connection with my application, claim, or as may be otherwise lawfully required or as I authorize. I know that I may request to receive a copy of this Authorization. I agree that a photographic copy of this Authorization shall be as valid as the original. I agree that this Authorization shall be valid for two years from the date shown below. I understand that I may revoke this Authorization at any time by written notice to Transamerica Life Insurance Company.

Signed in (City/State) _____ This _____ Day of (Month/Year) _____ .

Employee's Signature _____

Administrative Office Use Only: Request has been reviewed by the Administrative Office and is: ☐ Approved ☐ Declined Date: _____

Reviewer Name: _____ Reviewer Signature: _____

<i>SERFF Tracking Number:</i>	<i>AEGG-127302280</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Transamerica Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>49601</i>
<i>Company Tracking Number:</i>	<i>CPBCI500</i>		
<i>TOI:</i>	<i>H07G Group Health - Specified Disease - Limited Benefit</i>	<i>Sub-TOI:</i>	<i>H07G.001 Critical Illness</i>
<i>Product Name:</i>	<i>Blanket Critical Illness</i>		
<i>Project Name/Number:</i>	<i>Blanket Critical Illness/CPBCI500</i>		

Supporting Document Schedules

	Item Status:	Status
		Date:
Satisfied - Item: Flesch Certification	Approved-Closed	08/23/2011
Comments:		
Attachment:		
Readability Certification with Certificate 8-19-2011.pdf		

	Item Status:	Status
		Date:
Satisfied - Item: Application	Approved-Closed	08/23/2011
Comments:		
The Policyholder Application, form C-PH-01-00, was previously approved by your department on September 21, 2010 (SERFF Tracking # AEGG-126732538). We wish to extend the use of the form to the policy form in this filing.		
Attachment:		
C-PH-01-00-jd-071510-FINAL.pdf		

	Item Status:	Status
		Date:
Satisfied - Item: Explanation of Variables	Approved-Closed	08/23/2011
Comments:		
Attachment:		
BCI-VARIABLES2011-00 Explanation of Variables 7-18-11.pdf		

Readability Certification

This is to certify that the forms listed below are in compliance with your state's readability requirements.

A. Option Selected

- ☐ 1. Policy and its related forms are scored for the Flesch reading ease test as one unit and the combined score is _____.
- ☒ 2. Policy and its related forms are scored separately for the Flesch reading ease test. Scores for the policy and each form are attached.

Forms and Form Numbers to Which Certification is Applicable:

See attached list

B. Test Option Selected


- ☒ 1. Test was applied to entire policy form(s)
- ☐ 2. Test was applied on sample basis. Form(s) contain(s) more than 10,000 words. Copy of form(s) enclosed indicating word samples tested.

C. Standards for Certification

A checked block indicates standard has been achieved

- ☒ 1. The policy text achieves a minimum score of 45 on the Flesch reading ease test in accordance with the option chosen in Section A above.
- ☒ 2. It is printed in not less than ten point type, one point leaded. (This does not apply to specification pages, schedules and tables.)
- ☒ 3. The layout and spacing of the policy separate the paragraphs from each other and from the border of the paper.
- ☒ 4. The section titles are captioned in bold face type or otherwise stand out significantly from the text.
- ☒ 5. Unnecessarily long, complicated or obscure words, sentences, paragraphs or constructions are not used in the policy.
- ☒ 6. The style, arrangement and overall appearance of the policy give no undue prominence to any portion of the policy or to any endorsements or riders.
- ☒ 7. A table of contents or an index of the principal sections is included in the policy. (This applies only if the policy has more than 3,000 words or consists of more than 3 pages.)

The certification must be signed by an officer of the insurer.

	Assistant Secretary
Signature	Officer's Title
Officer's name: Patsy J. Napier	Date: August 19, 2011

GROUP CRITICAL ILLNESS INDEMNITY INSURANCE POLICY AND RELATED FORMS

FORM NAME	FORM NUMBER	SYLLABLES	WORDS	SENTENCES	SCORE
Blanket Master Policy for Critical Illness Indemnity Insurance	CPBCI500	3150	2107	81	54
Blanket Critical Illness Insurance Certificate	CCBCI500	5099	3411	206	63
Cancer Benefit Rider	CRBCAN00	1540	1030	42	56
Intensive Care Rider	CRBICU00	1604	1073	48	58
Recurrent Critical Illness Benefit Rider	CRBRCI00	622	416	18	57
Quality of Life Rider	CRBLIF00	1508	1009	46	58
Occupational HIV Benefit Rider	CRBHIV00	994	665	30	57.85



Transamerica Life Insurance Company
Home Office: [Cedar Rapids, IA]
[Administrative Office: P.O. Box 8063
Little Rock, Arkansas 72203-8063]

Life and Health
Group Application
and Agreement
[Multi-State Version]

Name of Group ("you, your"): [ABC Plumbing]	Tax ID Number: [123-45-6789]	SIC Code: [12345]	Website Address: [www.company.com]
Street Address: [123 Corporate Street]	City: [Anytown]	State: [ST]	ZIP Code: [12345]
Contact Name: [John Smith]	Email Address: [johnsmith@abc.com]	Phone #: [(123)456-7711]	Fax #: [(123)456-7712]
Nature of Group: [Plumbing company]	# of Employees/Members: [73]	# Eligible for Coverage: [60]	# of Years in Existence: [10]
Billing Address: (if different)	City:	State:	ZIP Code:
Billing Contact Name: (if different) [John Smith]	Email Address: [johnsmith@abc.com]	Phone #: [(123)456-7711]	Fax #: [(123)456-7712]
Billing Address is For: <input checked="" type="checkbox"/> Group Policyholder <input type="checkbox"/> Third Party Administrator <input type="checkbox"/> Premium Collection Agency (Requires a Premium Collection Agreement)			

You hereby authorize Transamerica Life Insurance Company, our authorized agents or our enrollers (collectively referred to as we, us, or our) to offer each of your eligible employees/members the opportunity to purchase insurance coverage as described in this form. This authorization is based upon the following agreements:

- We customarily conduct an annual enrollment program for your eligible employees/members. You will provide us with census data if needed for us to determine proper enrollment eligibility.
- The initial enrollment shall take place from [10-01-10] to [10-15-10]. You will provide us direct access to your employees/members to obtain applications through group meetings and individual interviews in a suitable location on your property during normal business hours, or through other means mutually agreed upon between you and us. Participation in your group must meet our minimum participation requirements. We reserve the right to withdraw from the enrollment and cancel any applications already obtained if these conditions are not satisfied.
- Unless otherwise agreed upon by you and us, you will collect premium contributions from your participating employees/members and forward to us when due. We customarily bill you each month. You will forward the premiums due to us within 15 days of the receipt of the monthly bill. You will maintain records of all premium contributions from your employees/members while this agreement remains in force and for two years after it terminates. These records will remain open to inspection and audit by us during normal business hours during this time.
- In the event of any misappropriation by you, your employees or your agents, of funds owed to us, you will reimburse us for our entire loss including attorney fees and expenses incurred in collection, and any benefits we would not have had to pay but for such misappropriation.
- Do benefit selections vary by class? ☒ No ☐ Yes (define classes below)

Definition of Class 1:	
Definition of Class 2:	
Definition of Class 3:	
Definition of Class 4:	

- Eligibility for insurance:

	Class 1	Class 2	Class 3	Class 4
a. Employer Groups - eligible employees are defined as those who work at least [17.5] hours per week for you, and have been so employed for at least [30] days.				
b. Member Groups - eligible members are defined as members of an eligible class of members, who are in good standing in accordance with your by-laws, who are not currently disabled and are able to perform the normal activities of a person of like age and gender.				
- Is dependent coverage being offered? ☒ Yes ☐ No
If yes, do you include same-sex partners? ☐ No ☐ Yes, state mandate ☐ Yes, corporate decision (attach eligibility requirements)

Billing Information

Pay periods per year: [26]	Payments will be remitted: <input type="checkbox"/> After each deduction <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Other _____
Payroll deductions per year: [24]	Premium amount on bill should reflect: <input checked="" type="checkbox"/> Levelized amount over 12 months <input type="checkbox"/> Actual amount of deductions occurring each month
First payroll deduction date: [11/01/2010]	Preferred billing sequence: <input checked="" type="checkbox"/> Alphabetical <input type="checkbox"/> Social Security Number <input type="checkbox"/> Employee/Member ID <input type="checkbox"/> Other _____
First bill due date: [12/01/2010]	Preferred Billing Method: <input checked="" type="checkbox"/> Paper <input type="checkbox"/> Electronic (via website) <input type="checkbox"/> Self-Bill
	Multiple Billing Locations: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (attach listing)

Name of Section 125 Plan Administrator (if applicable)	Plan Start Date	Plan Anniversary Date
---	-----------------	-----------------------

Fraud Warning

[District of Columbia and Louisiana]

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.]

[Florida]

I understand that any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.]

[Kansas]

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto may be guilty of insurance fraud as determined by a court of law.]

[Kentucky]

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, any information concerning any fact material thereto, commits a fraudulent insurance act which is a crime.]

[North Carolina and Oregon]

I understand that any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, any information concerning any fact material thereto, commits a fraudulent insurance act which may be a crime and may subject such person to criminal and civil penalties.]

[New Jersey]

I understand that any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.]

[Oklahoma]

Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.]

[Puerto Rico]

Any person who knowingly and with the intention to defraud includes false information in an application for insurance or file, assist or abet in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousand dollars (\$5,000), not to exceed ten thousand dollars (\$10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years.]

[Tennessee]

It is a crime to knowingly present false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.]

[Virginia]

I understand that any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.]

[Vermont]

I understand that any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, any information concerning any fact material thereto, may be committing a fraudulent insurance act which may be a crime subject to criminal and civil penalties.]

[All other states]

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.]

I understand and agree that this application will be made part of each group master policy issued as a result of this application. The Group listed above will be named as the Policyholder for each group master policy. I agree that no insurance will be effective until approved by us at our administrative office.

Signed in (City/State) _____ This _____ Day of (Month/Year) _____, _____.

Signature of Officer

Email Address

Print Name and Title of Officer

Signature of Licensed Agent

Email Address

Print Name of Licensed Agent

Agent Number

Insurance Selections

(Product and Rider availability subject to state approval)

Product: <i>[Any Product]</i>	Group Contribution? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list amount or %:</i>	Requested Effective Date: <i>November 1, 2010</i>
Coverage: <i>[Base Coverage: \$25,000 Benefit Period: 12 months Any Rider Another Rider]</i>		
Replacement: Are you replacing existing coverage? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <i>(attach a copy of the existing contract and most recent billing statement)</i>		
IRS Type: <input checked="" type="checkbox"/> Section 125 <input type="checkbox"/> Welfare Benefit Plan <input type="checkbox"/> ERISA <input type="checkbox"/> 5500 Required <input type="checkbox"/> Other <i>(please explain)</i> _____		
[Workers' Compensation: Are all employees/members covered under Workers' Compensation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(explain)</i> _____ .]		

Product: <i>[Another Product]</i>	Group Contribution? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list amount or %:</i>	Requested Effective Date: <i>November 1, 2010</i>
Coverage: <i>[Base Coverage: \$25,000 Any Rider Another Rider]</i>		
Replacement: Are you replacing existing coverage? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <i>(attach a copy of the existing contract and most recent billing statement)</i>		
IRS Type: <input checked="" type="checkbox"/> Section 125 <input type="checkbox"/> Welfare Benefit Plan <input type="checkbox"/> ERISA <input type="checkbox"/> 5500 Required <input type="checkbox"/> Other <i>(please explain)</i> _____		
[Workers' Compensation: Are all employees/members covered under Workers' Compensation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(explain)</i> _____ .]		

Please complete, sign and date this application and return to us at the address listed above.
Make a photocopy for your records.

**TRANSAMERICA LIFE INSURANCE COMPANY
BLANKET CRITICAL ILLNESS INDEMNITY INSURANCE
EXPLANATION OF VARIABLES**

FORMS: CPBCI500, CRBCAN00, CRBHIV00, CRBRCI00, CRBICU00, CRBLIF00, C-EI-02-00

Text that is intended to be variable is bracketed. Bracketed text is either intended to be: (1) in or out of the contract; (2) have variable ranges; or (3) be customized (specific sections only) to accommodate Policyholder requirements. Each variable bracketed text is described below. No change in the variable areas will be made which will be in conflict with the laws, rules and regulations of your state. In addition, no change in variability will be made which in any way expands the scope of the wording being changed. Transamerica Life Insurance Company ("Company") reserves the right to correct at any time any and all typographical errors that do not impact benefits or intent of language.

Blanket Master Policy – CPBCI500

Face Page

1. Home Office Address - The address is bracketed for any future address changes.
2. Officers' Signatures – The signatures are bracketed to take into consideration any future personnel changes.
3. Officers' Titles – The titles are bracketed to take into consideration any future changes in the officers' titles who are signing on behalf of the Company.
4. Administrative Office Address – The address is bracketed to take into consideration any future changes.
5. Customer Service Toll Free Number – The toll free number is bracketed to take into consideration any future changes to the telephone number.

Insurance Schedule (Pages 3a and 3b)

The insurance schedule included in this filing is an illustrative example of what information will be contained in the actual insurance schedule provided to the Policyholder. It contains information for a single class of Insureds. These pages will be repeated for each additional class of Insureds for which a Policyholder is purchasing coverage. Coverage amounts are determined by the Policyholder. The rates displayed are for illustrative purposes only. Actual rates will be determined by using rating information provided to us by the Policyholder.

6. Benefits -

Basic Benefit Amounts	[\$1,000 - \$100,000]
[Optional Critical Illness Benefit	[\$5,000 - \$250,000]]

The Optional Critical Illness Benefit is bracketed to be in or out depending on whether Policyholder wishes to make the optional coverage available to an insured.

6. [Dependent Critical Illness Benefit Amount –
Maximum % of Insured's Benefit – [50%] [75%] [100%]
[Basic Benefit Amounts [500 (Minimum)]
[Optional Critical Illness Benefit \$2,500 Minimum]

Dependent Critical Illness Benefit is bracketed to be in or out depending on whether Policyholder wishes to offer Dependent Coverage.

7. Rates –

Basic Critical Illness Coverage Monthly Rate per \$1,000 of Coverage: [\$x.xx] – Case Specific
[Optional Critical Illness Coverage Monthly Rate per \$1,000 of Coverage - Will be in or out, depending on whether the Policyholder is offering Optional Critical Illness Coverage that is based on age and tobacco use status. If included, it will contain the applicable age bands and rates

8. Rate Guarantee –

Rates are conditionally guaranteed for [2] Policy Years.	1 – 5 years
Change in total number of Insureds	5% - 50%.

Will always be included. The rate guarantee illustrated is our standard rate guarantee. This guarantee could vary based on agreements between us and the Policyholder.

9. Evidence of Insurability –
Basic Critical Illness Coverage does not require Evidence of Insurability.
[Optional Critical Illness Coverage requires Evidence of Insurability for each proposed Covered Person.]
10. Minimum Participation – Will always be included. The participation requirement illustrated is our standard participation requirement. This requirement could vary based on agreements between the Policyholder and us. However, the minimum participation will never be less than required in your state. Additional participation requirements could be added for the Optional Critical Illness Coverage.

BENEFIT VARIABLES – Page 3a – The benefits provided are by Category. Within each Category certain benefits are bracketed to be either in or out. Certain percentages of the Benefit Amount are also variable so that the Policyholder may customize the insurance coverage that best suits the needs of the group. Two of the Categories are made up of optional riders.

COVERAGE

<u>Type of Coverage</u>	<u>Percentage of Benefit Amount</u>	<u>Benefit Variables, if applicable</u>
Category 1		
Heart Attack	100%	
Stroke	100%	
Heart Transplant	100%	
[Coronary Bypass Surgery	25%]	5% - 100%
[Angioplasty/Stent	5%]	5% - 50%
Category 2		
Major Organ Transplants (excluding Heart)	100%	
End Stage Renal Failure	100%	
[Paralysis Not Due to Stroke (all 4 limbs)	100%;	5% - 100%
(if fewer than 4 limbs)	50%]	
[Burns	100%]	5% - 100%
[Coma	100%]	5% - 100%]
[Loss of Sight, Speech and/or Hearing	100%]	5% - 100%
[Miscellaneous Diseases	100%]	5% - 100%
[Alzheimer's Disease	30%]	5% - 50]
[Category 3 – Optional Cancer Benefit Rider		
Invasive Cancer	100%	
[Bone Marrow Transplant	100%]	
[Carcinoma In Situ	25%]	5% - 50%
[Prostate Cancer with TNM Classification of T1	25%]	5% - 50%
[Skin Cancer	5%]]	5% - 50%
[Category 4 – Occupational HIV Benefit Rider		
(Insured Only–No Dependent Coverage)	100%]	
[Optional Benefit Riders – Intended to be in or out as selected by the Policyholder		
[Recurrent Critical Illness Benefit Rider	[50%]]	25%, 50%, or 75%
[Quality of Life Benefit Rider	5% of Benefit Amount per month (not to exceed 100% of Benefit Amount in aggregate)]	
[Intensive Care Benefit Rider (ICU)		
[Policyholder Provided Daily Indemnity Benefit per day of ICU Confinement]		[\$100 - \$1,000]
[Insured Purchased Daily Indemnity Benefit per day of ICU Confinement]]		[\$100 - \$1,000]

Optional Benefit Riders - CRBCAN00, CRBHIV00, CRBRCI00, CRBICU00, CRBLIF00

The Optional Benefit Riders all have variable bracketing for the addresses of the Home Office and Administrative Office as well as the named officers and their titles to facilitate any future change.

CANCER BENEFIT RIDER – CRBCAN00

Definition Section –

- Bone Marrow Transplant definition is bracketed to be in or out
- Cancer definition – The third paragraph is bracketed so that Skin Cancer, Carcinoma In Situ, or Prostate Cancer with TNM Classification of T1 can be either all in or out or only some can be in or out.
- First Occurrence definition – The reference to Skin Cancer is bracketed to be in or out at option of Policyholder. The reference to Bone Marrow Transplant is bracketed to be in or out at option of Policyholder.
- Necessary is bracketed to be in or out depending on whether or not Bone Marrow Transplant is a covered benefit.

Benefits Section – The Bone Marrow Transplant Benefit is bracketed to be in or out depending on selection of that benefit by the Policyholder.

SERFF Tracking Number: AEGG-127302280 State: Arkansas
 Filing Company: Transamerica Life Insurance Company State Tracking Number: 49601
 Company Tracking Number: CPBCI500
 TOI: H07G Group Health - Specified Disease - Sub-TOI: H07G.001 Critical Illness
 Limited Benefit
 Product Name: Blanket Critical Illness
 Project Name/Number: Blanket Critical Illness/CPBCI500

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
08/22/2011	Form	Blanket Master Policy for Critical Illness Indemnity Insurance	08/22/2011	CPBCI5AR - BlanketCI Policy 8-19-2011.pdf (Superseded)

TRANSAMERICA LIFE INSURANCE COMPANY

Home Office: [4333 Edgewood Road NE, Cedar Rapids, IA 52499]
A Stock Company

Policyholder: [ABC Eligible Group]
Policyholder Address: [123 Any Street
Any City]
Policy Number: [0123456789]
Effective Date: [October 1, 2011]
Anniversary Date: [October 1]
Governing Jurisdiction: [Any State]

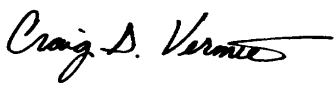
Transamerica Life Insurance Company ("the Company," "we," "us," and "our") agrees to pay the benefits described in this Policy, subject to all terms, conditions, and limitations. This Policy provides Basic Critical Illness Insurance on the lives of all Eligible Persons of the Policyholder, in consideration of the statements made in the Policyholder Application and the payment of premiums.

By our acceptance of the first premium paid by the Policyholder ("you," "your," and "yours") and by your receipt of this Policy, you agree:

1. To be bound by the terms of this Policy; and
2. To pay all premiums to us according to the terms of this Policy.

This Policy is subject to the laws of the governing jurisdiction in which it is issued.

This Policy is signed for the Company at our Home Office to take effect on the Policy's Effective Date.

[]
[General Counsel and Secretary]

[]
[President]

Blanket Master Policy for Critical Illness Insurance

Annually Renewable
Nonparticipating - No Annual Dividends

Administrative Office:
[1400 Centerview Drive, PO Box 8063
Little Rock, AR 72203-8063]

For Customer Service: [1-888-763-7474]

If we, at Transamerica Life Insurance Company, fail to provide you with reasonable and adequate service, you should feel free to contact:

Arkansas Insurance Department
Consumer Services Division
1200 West Third Street
Little Rock, AR 72201-1904
(501) 371-2640

**MASTER POLICY
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INSURANCE SCHEDULE

This Insurance Schedule becomes effective on [October 1, 2011] and replaces any previous Insurance Schedule.

BENEFITS

Class: [1]	Description: [All Benefit-Eligible Employees]
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BENEFITS

Insured Critical Illness Benefit Amount:

Basic Critical Illness Benefit: [\$5,000]
[Optional Critical Illness Benefit: [\$5,000 to \$45,000 in increments of \$5,000]]

[Dependent Critical Illness Benefit Amount (per Dependent): [Cannot exceed 50% of the Insured's Benefit]

[Basic Critical Illness Benefit: [\$2,500]]
[Optional Critical Illness Benefit: [\$2,500 to \$22,500 in increments of \$2,500]]

Lifetime Maximum is [3 times the applicable Benefit Amount per Covered Person].

RATES

Basic Critical Illness Coverage Monthly Rate per \$1,000 of Coverage: [4.08]

[Optional Critical Illness Coverage Monthly Rate per \$1,000 of Coverage

Attained Age	Non-Tobacco User			Tobacco User		
	Employee	Employee & Child	Employee & Family	Employee	Employee & Child	Employee & Family
18-29	\$ xx.xx	\$ xx.xx	\$ xx.xx	\$ xx.xx	\$ xx.xx	\$ xx.xx
30-39	\$ xx.xx	\$ xx.xx	\$ xx.xx	\$ xx.xx	\$ xx.xx	\$ xx.xx
40-49	\$ xx.xx	\$ xx.xx	\$ xx.xx	\$ xx.xx	\$ xx.xx	\$ xx.xx
50-59	\$ xx.xx	\$ xx.xx	\$ xx.xx	\$ xx.xx	\$ xx.xx	\$ xx.xx
60-64	\$ xx.xx	\$ xx.xx	\$ xx.xx	\$ xx.xx	\$ xx.xx	\$ xx.xx
65+	\$ xx.xx	\$ xx.xx	\$ xx.xx	\$ xx.xx	\$ xx.xx	\$ xx.xx

]

RATE GUARANTEE

Rates are conditionally guaranteed for [2] Policy Years. Rates are subject to change if you request benefit changes. Rates are also subject to change if the total number of Insureds changes by more than [10%].

EVIDENCE OF INSURABILITY

Basic Critical Illness Coverage does not require Evidence of Insurability.

[Optional Critical Illness Coverage requires Evidence of Insurability for each proposed Covered Person.]

MINIMUM PARTICIPATION

[We require 100% of all Eligible Persons to be covered under the Basic Critical Illness Coverage of this Policy.]

COVERAGE

Type of Coverage

Percentage of Benefit Amount

Category 1

Heart Attack	100%
Stroke	100%
Heart Transplant	100%
[Coronary Bypass Surgery	25%]
[Angioplasty/Stent	5%]

Category 2

Major Organ Transplants (excluding Heart)	100%
End Stage Renal Failure	100%
[Paralysis Not Due to Stroke (all 4 limbs)	100%; 50% (if fewer than 4 limbs)]
[Burns	100%]
[Coma	100%]
[Loss of Sight, Speech and/or Hearing	100%]
[Miscellaneous Diseases	100%]
[Alzheimer's Disease	30%]

[Category 3 – Optional Cancer Benefit Rider

Invasive Cancer	100%
[Bone Marrow Transplant	100%]
[Carcinoma In Situ	25%]
[Prostate Cancer with TNM Classification of T1	25%]
[Skin Cancer	5%]

[Category 4 – Occupational HIV Benefit Rider (Insured Only–No Dependent Coverage)

100%]

[Optional Benefit Riders

[Recurrent Critical Illness Benefit Rider	[50%]]
---	--------

[Quality of Life Benefit Rider	5% of Benefit Amount per month (not to exceed 100% of Benefit Amount in aggregate)]
--------------------------------	---

[Intensive Care Benefit Rider (ICU)

[Policyholder Provided Daily Indemnity Benefit	[\$100] per day of ICU Confinement]
[Insured Purchased Daily Indemnity Benefit	[\$100] per day of ICU Confinement]]

POLICYHOLDER RESPONSIBILITIES

Duties - Your duties will include, but are not limited to, the following:

1. Accurately record and maintain information for each Eligible Person concerning eligibility, name, benefit elections, amount of coverage, Age, Effective Date, termination dates, contributions, class, and any completed Evidence of Insurability Forms. For two years after this Policy terminates, you must allow us the opportunity to examine these records at any reasonable time during normal business hours.
2. Provide us with any information we need to process claims.
3. Remit premium payments each month along with a worksheet detailing your premium calculations.
4. Provide us with any completed Evidence of Insurability Forms prior to the Anniversary Dates so that we can underwrite to determine benefit eligibility when applicable.
5. Cooperate fully with us in preparing and/or delivering certificates and any disclosures or notices regarding this insurance to all Covered Persons under this Policy.

Inspection of Policy - You must make this Policy available for inspection by your Insureds at all reasonable times during normal business hours.

Notice of Right to Convert Coverage - You are required to give an Insured a notice of the right to convert coverage after an Insured ceases to be eligible for coverage under this Policy.

PREMIUMS, POLICY CHANGES, TERMINATION, AND REINSTATEMENT

Premiums – The premiums due will be the sum of the premiums due for all Covered Persons under this Policy. Premiums are due and payable to us by you on each premium due date. The first premium due date is this Policy's Effective Date. Subsequent premiums are due monthly.

Who May Change This Policy - The terms of this Policy, including premium rates, may be changed at any time by written agreement between you and us. The insurance provided by this Policy may be changed or canceled without the consent of any Insured and without prior notice to any Insured. Only our President, Vice President, Secretary, or an Assistant Secretary may make changes to this Policy and then only in writing. No agent or Policyholder has authority to change this Policy or to waive any of its provisions. All changes are subject to the laws of the governing jurisdiction.

When Policy Changes are Effective - Unless otherwise agreed upon in writing, the Effective Date of any change in benefits or premiums will be the Anniversary Date.

When This Policy Ends – This Policy will terminate on the earliest of the following events:

1. If any premium payable is not paid within its Grace Period, this Policy will terminate on the day after the end of the Grace Period;
2. If you submit a 60-day advance written request to us to terminate this Policy, this Policy will terminate on the date specified in such request;
3. If we give you a 60-day advance written notice that we intend to terminate this Policy, this Policy will terminate on the date specified in such notice;
4. If you fail to comply with any terms of this Policy, or fail to fulfill any obligations under or pertaining to this insurance, or fail to comply with or cooperate with us in satisfying the requirements of any applicable law or regulation pertaining to this insurance, this Policy will terminate on the 32nd day after we have given you written notice of our intent to terminate.

Termination of this Policy is without prejudice to claims that occur or commence prior to the date of termination.

Grace Period – You have a Grace Period of 31 days from each premium due date, except the first, in which to pay the premium then due. Coverage will continue during the Grace Period. You are liable for the premium during the Grace Period.

When Policy May Be Reinstated – At our sole discretion, we may reinstate this Policy which has terminated if you request us to do so.

DEFINITIONS

The defined terms below are subject to the provisions of this Policy.

Active Service - To be considered in Active Service, the Eligible Person must be:

1. Performing in the usual manner all of the regular duties of his or her occupation on a scheduled work day; and
2. Performing these duties at one of the places of business where he or she normally works or at some location directed by the employer.

The Eligible Person is considered to be in Active Service on a day which is not a scheduled work day only if he or she would be able to perform in the usual manner all of the regular duties of his or her occupation if it were a scheduled work day. The Eligible Person must also have been in Active Service on the last preceding regular work day.

Amendment, Endorsement, or Rider - Any form issued by us which adds, modifies, changes, or deletes any Policy provisions or benefits.

Anniversary Date - The month and date of each Policy Year that is the same month and date as the Effective Date. When any date is referred to, the Effective Date will be at 12:01 AM at your address.

Application - The form completed and signed by you to apply for this Critical Illness Insurance coverage.

Basic Critical Illness Coverage - The critical illness coverage paid for by you and provided to the Insured at no cost.

Child – An Insured's Child who is under the Age of 26 and is:

1. A natural Child; or
2. A legally adopted Child or a Child who has been placed for adoption with the Insured; or
3. A stepchild or foster Child; or
4. A grandchild who lives with the Insured; or
5. A Child for whom the Insured has been appointed legal guardian; or
6. A Child for whom the Insured is legally required to provide support.

Child also includes a Child who is incapable of self-support due to a mental retardation or physical handicap. If a Child has reached Age 26, but is incapable of self-support because of mental retardation or physical impairment, we will continue the Child's coverage under the following conditions:

1. The Child must be incapacitated;
2. We must receive proof of incapacity within 31 days after coverage would otherwise terminate. We must receive proof of the Child's incapacity. If proof, that the Child was incapacitated from the date the Child attained the limiting age is not submitted before or at the time Proof of Loss is submitted for a claim, benefits will not be extended past the date the Child attained the limiting age.
3. We may require additional proof of such incapacity from time to time, but not more often than once a year after the Child attains Age 26; and
4. Your coverage must remain in force.

Covered Person – The Insured and any of his or her Dependents who have been accepted by us for coverage.

Critical Illness - One of the illnesses or conditions listed below for which positive diagnosis is made by a Physician. It must be based on diagnostic criteria generally accepted by the medical profession, as defined below under Categories 1 and 2.

Category 1

Heart Attack – The ischemic death of a portion of heart muscle as a result of obstruction of one or more of the coronary arteries. A positive diagnosis must be supported by either of the following criteria:

1. The presence of three or more of the following indicators:
 - a. typical chest pain suggestive of Heart Attack;
 - b. new EKG changes indicative of myocardial infarction;
 - c. diagnostic increase of specific cardiac markers typical for Heart Attack; and
 - d. confirmatory imaging studies.
2. In the event of death, an autopsy confirmation identifying Heart Attack as the cause of death will be accepted.

Stroke – A cerebrovascular event resulting in permanent neurological damage, including infarction, hemorrhage, or embolization of brain tissue from an extracranial source. The diagnosis must be based on:

1. Documented neurological deficits; and
2. Confirmatory neuroimaging studies.

Stroke does not include cerebral symptoms due to:

1. Transient Ischemic Attack (TIA);
2. Reversible neurological deficit;
3. Migraine;
4. Cerebral injury resulting from trauma or hypoxia; or
5. Vascular disease affecting the eye, optic nerve or vestibular functions.

Heart Transplant – The irreversible failure of a Covered Person's heart for which a Physician has determined that the complete replacement of such heart with an entire heart from a human donor is Necessary. Such Covered Person has been placed on the Transplant List or the transplant procedure has been performed.

[Coronary Bypass Surgery - Undergoing of a surgical operation to correct narrowing or blockage of one or more coronary arteries with bypass grafts on the advice of a board-certified cardiologist. Angiographic evidence to support the necessity for this surgery will be required. The following procedures are not considered coronary artery bypass surgery: balloon angioplasty; laser embolectomy; atherectomy; stent placement; or other non-surgical procedures.]

[Angioplasty/Stent - Balloon angioplasty or other forms of catheter-based percutaneous transluminal coronary artery therapy to correct the narrowing or blockage of one or more coronary arteries. Coronary angioplasty must be performed by a Physician who is also a board-certified cardiologist. This benefit is confined to the heart; therefore, angioplasty/stenting of renal arteries or other peripheral arteries are excluded from this benefit.]

CATEGORY 2

Major Organ Transplant (excluding Heart) – The irreversible failure of a Covered Person's lung, pancreas, entire kidney or any combination, for which a Physician has determined that the complete replacement of such organ with an entire organ from a human donor is Necessary. It can also be the irreversible failure of a Covered Person's liver for which a Physician has determined that the complete or partial replacement of the liver or liver tissue from a human donor is Necessary. Such Covered Person has been placed on the Transplant List or the transplant procedure has been performed.

End Stage Renal Failure – The end stage failure which presents a chronic irreversible failure of both kidneys, and requires treatment by renal dialysis or kidney transplant.

[Paralysis - Means quadriplegia, paraplegia, or hemiplegia that is expected to last for a continuous 12-month period or longer from the date of diagnosis to determine if paralysis is permanent. "Quadriplegia" means the complete and irreversible paralysis of both upper and lower limbs. "Paraplegia" means the complete and irreversible paralysis of both lower limbs. "Hemiplegia" means the complete and irreversible paralysis of the upper and lower limbs on the same side of the body. "Limb" means an entire arm or an entire leg. A benefit will not be paid for paralysis that results from a stroke or psychiatric related causes.]

[Burns - The cosmetic disfigurement of body surface or area that is a full-thickness or third-degree burn covering at least 50% of the body surface. A full-thickness or third-degree burn is the injury and destruction of skin through the entire thickness or depth of the dermis and possibly to underlying tissue with a loss of fluid and sometimes shock caused by exposure to fire, heat, caustics, electricity, or radiation.]

[Coma – The state of unconsciousness for 30 consecutive days with:

1. No reaction to external stimuli;
2. No reaction to internal needs; and
3. The use of life support systems.

The diagnosis of Coma must indicate that permanent neurological deficit is present.]

[Loss of Sight, Speech, and/or Hearing – will mean:

1. Loss of Sight - the total and irreversible loss of all sight in both eyes;
2. Loss of Speech - the total and permanent loss of the ability to speak as the result of physical injury or disease;
3. Loss of Hearing - the total and irreversible loss of hearing in both ears. Loss of Hearing that can be corrected by the use of any hearing aid or device will not be considered an irrevocable loss.]

[Miscellaneous Diseases – The following diseases will be considered Category 2 Critical Illnesses when diagnosed by a Physician:

Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease)

Encephalitis/meningitis

Rocky Mountain Spotted Fever

Typhoid Fever

Anthrax

Cholera

Primary Sclerosing Cholangitis (Walter Payton's Disease)

Tuberculosis]

[Alzheimer's Disease - A clinically established diagnosis of the disease by a psychiatrist or neurologist, resulting in the inability to perform, independently, 2 or more of the following activities of daily living:

1. Bathing;
2. Dressing;
3. Eating;
4. Toileting;
5. Transferring; or
6. Incontinence.]

Covered Person – The Insured and any Dependents.

Dependent – The Insured's Spouse or Other Adult Dependent and Child(ren) covered under this Policy.

Effective Date - The date when coverage is in force.

Eligible Person - An employee or member that meets all of the eligibility requirements for becoming insured for Basic Critical Illness Coverage.

First Occurrence - A Critical Illness that was diagnosed for the very first time. (Diagnosis can occur after death, if the death is due to a Critical Illness.)

Immediate Family Member - The Insured, the Insured's Dependent, mother, father, brother, sister, or other close family member of the Insured or his or her Dependent.

Insured - The Eligible Person covered under this Policy.

Necessary – There is medical evidence to support the diagnosis.

Optional Critical Illness Coverage – The Optional Critical Illness Coverage available to an Insured. The Insured must contribute to the cost of this coverage.

Other Adult Dependent - The Insured's common law marriage partner, domestic partner, or civil union partner, if legally required in the governing jurisdiction or as otherwise agreed upon between the Policyholder and us.

Physician - A licensed practitioner of the healing arts who:

1. Performs only those services permitted by his or her license; and
2. Is not an Immediate Family Member.

Policy - This document that describes the Critical Illness coverage for your Insureds.

Policy Year - The 12-month period that starts from the Effective Date constitutes the first Policy Year. A new Policy Year begins on each Anniversary Date.

Policyholder, you, your, or yours - The entity named on this Policy's Cover Page.

Spouse - A person who is legally married to the Insured.

Transplant List - The Organ Procurement and Transportation Network (OPTN) list.

Transamerica Life Insurance Company, the Company, we, us, or our – The Insurer that underwrites this Critical Illness Insurance coverage and pays the benefits upon a valid claim.

ELIGIBILITY REQUIREMENTS

Eligible Person - To become an Insured under this Policy an Eligible Person:

1. Must be in Active Service on the day his or her coverage becomes effective;
2. Must meet the eligibility requirements listed on the Application; and
3. If applicable, must be a member of an eligible class as listed on the Insurance Schedule of this Policy.

Dependent - If Dependent coverage is available under this Policy, the Insured may elect Optional Critical Illness Coverage for his or her Spouse, Other Adult Dependent, or Dependent Children.

To be covered as a Dependent under this Policy, the Dependent must not be an Eligible Person under this Policy.

INITIAL ENROLLMENT AND EFFECTIVE DATE

Basic Critical Illness Coverage – An Eligible Person can enroll for Basic Critical Illness Coverage when he or she first becomes an Eligible Person. The Eligible Person is not required to contribute toward the cost of Basic Critical Illness Coverage. Coverage will become effective the first day of the month following the date he or she enrolls. If the Eligible Person is not in Active Service on the day coverage is scheduled to become effective, his or her coverage will become effective on the date he or she returns to Active Service.

Optional Critical Illness Coverage – If available, an Eligible Person may elect Optional Critical Illness coverage within 31 days of becoming an Eligible Person and authorize the payment of contributions due for the amount of additional coverage elected. If the Insured fails to make an election within the 31-day period, the Insured will not be permitted to enroll until the next Anniversary Date.

Coverage will become effective the first day of the month following the date he or she elects coverage, subject to the following:

1. If the Eligible Person is not in Active Service on the day coverage is scheduled to become effective, coverage will become effective on the date he or she returns to Active Service.
2. If a Spouse, Other Adult Dependent, or Child is confined in a hospital on the date their coverage is scheduled to become effective, his or her coverage will become effective on the day following discharge from the hospital.

Evidence of Insurability – Evidence of Insurability requirements are shown on the Insurance Schedule. If required, a completed Evidence of Insurability Form must be received prior to the Anniversary Date and approved by us before the associated coverage will become effective.

COVERAGE CHANGES

Annual Benefit Elections – Benefits are elected on an annual basis and will remain in effect for the Policy Year, subject to the terms of this Policy. Changes in benefit elections are not allowed during the Policy Year unless made in accordance with the Change in Family Status provision of this Policy.

Coverage Options Subject to Change - Basic and Optional Critical Illness Coverage options are subject to change on any Anniversary Date, as agreed upon between you and us.

Optional Critical Illness Coverage Changes - An Insured may increase or decrease Optional Critical Illness coverage elections each Anniversary Date. Such changes will become effective on the Anniversary Date. If the Insured is not in Active Service on the Anniversary Date, any new or additional amounts will not take effect until the date he or she returns to Active Service. If a Spouse, Other Adult Dependent, or Child is confined in a hospital on the Anniversary Date, any new or additional amounts will not take effect until the day following discharge from the hospital.

Change In Family Status – An Insured may change the election of Dependent Critical Illness Insurance coverage during any Policy Year due to a change in family status. A request to change coverage as a result of a change in family status must be consistent with the event. Requests for a change in coverage as a result of a change in family status must be submitted to the Policyholder in writing within 31 days following the event. Approval of the change in coverage will become effective on the date the change in family status occurred. If the Insured fails to

request a change in coverage within 31 days following the change in family status, the Insured will not be permitted to make such a change until the next Anniversary Date.

CRITICAL ILLNESS BENEFITS

Critical Illness Benefit – If a Covered Person is diagnosed with the First Occurrence of a Critical Illness, we will pay a lump sum benefit equal to the Benefit Amount multiplied by the applicable percentage shown in the Schedule of Benefits. The positive diagnosis must be made after the Effective Date of this Policy and while this Policy is in force.

If the total sum of the Critical Illness Benefit paid in a Category is less than 100% of the Benefit Amount, we will pay a lump sum benefit upon the diagnosis of a different type of Critical Illness within the same Category. This lump sum benefit is equal to the Benefit Amount multiplied by the applicable percentage shown in the Schedule of Benefits, not to exceed the remaining benefits for the Category.

The cumulative Critical Illness Benefit paid will not exceed 100% of the Benefit Amount within each applicable Category.

Lifetime Maximum Benefit - The total benefits paid under this Policy, including any attached Riders, will not exceed the Lifetime Maximum Benefit listed in the Schedule of Benefits.

Benefit Payments - Proof of any Critical Illness diagnosis must be submitted to us. Benefit payments will be made directly to the Insured.

EXCLUSIONS

We do not cover losses caused by, or as a result of, the:

1. Conditions other than those due to a covered Critical Illness.
2. Covered Person participating or attempting to participate in an illegal activity.
3. Covered Person intentionally causing self-inflicted injury.
4. Covered Person committing or attempting to commit suicide, whether sane or insane.
5. Covered Person's involvement in any period of armed conflict.
6. Surgeries performed outside the United States or its Territories.

Under no circumstances will we pay any benefits for losses or medical expenses incurred prior to the Effective Date.

We may reduce or deny a claim or void the insurance provided by this Policy for loss incurred by a Covered Person:

1. During the first 2 years from the Effective Date of such coverage for any misstatements in your Application which would have materially affected our acceptance of the risk; or
2. During the first 2 years from the Effective Date of an Insured's coverage for any misstatements in his or her Evidence of Insurability form which would have materially affected our acceptance of the risk; or
3. At any time for fraudulent misstatements in your Application or an Insured's Evidence of Insurability form.

TERMINATION OF COVERAGE

An Insured's Basic Critical Illness Insurance will end upon the earliest of the following:

1. The date of the Insured's death;
2. The last day of the month in which the Insured no longer qualifies for coverage as an Eligible Person; or
3. The date the Policyholder discontinues the Policy in accordance with the Policy Termination provision.

Subject to the Conversion Option, an Insured's Optional Critical Illness Insurance coverage will end on the earliest of the following dates:

1. The date the Insured's Basic Critical Illness Insurance terminates;
2. The date the Optional insurance lapses;
3. The Anniversary Date, if the Insured elects not to enroll for the next Policy Year; or
4. The date the Policyholder discontinues offering Optional Critical Illness Insurance for the Insured's classification.

Dependent Critical Illness Insurance will end on the earliest of the following:

1. The date the Insured's Basic Critical Illness Insurance terminates;
2. The date the Dependent's insurance lapses;
3. The Anniversary Date, if the Insured elects not to enroll for the next Policy Year;
4. The date the Policyholder discontinues offering Optional Dependent Critical Illness Insurance for the Insured's classification;
5. The date a Dependent becomes an Eligible Person under this Policy (for that Dependent only);
6. The last day of the month following the date the Insured and Spouse divorce, (for Spouse only);
7. The last day of the month following the date the Insured and Other Adult Dependent partnership is dissolved, (for Other Adult Dependent only); or
8. The Anniversary Date following a Dependent Child's 26th birthday (for that Child only).

Coverage will also end if a Covered Person submits a fraudulent claim to us.

CONVERSION OPTION

A Covered Person can convert his or her coverage to individual insurance in an amount not to exceed the amount of insurance that is terminating under this Policy. The premium for the individual coverage will be based upon the Covered Person's Attained Age and class of risk at the time of conversion, together with the form and amount of insurance chosen. No evidence of insurability will be required.

We must receive the conversion application and any required premium within 31 days of termination under this Policy. If the Covered Person dies within the 31-day conversion period, benefits under this Policy will be paid as if coverage had continued regardless of whether the Covered Person applied for conversion coverage.

Conversion is not available if termination is the result of:

1. Submitting a fraudulent claim; or
2. The Insured's decision to not elect Optional Critical Illness Insurance for the next Policy Year.

CLAIMS

Claim Forms - Claim forms should be used for filing proof of loss. The Policyholder will send such form to the claimant within 15 days of receipt of notice of claim. If the Policyholder fails to supply the proper claim forms within 15 days, the Insured can give written proof, setting forth the nature and extent of the loss, within the time stated in the Proof of Loss provision.

Claims Procedure - Due proof of the Insured's loss must be submitted to us at our Administrative Office. Claim forms may be obtained from the Policyholder.

Notice of Claim - Written notice of claim must be given to the Policyholder. Such notice should be made within 30 days after any loss covered by this Policy. If it is not reasonably possible to give notice within that time, the claim may not be denied or reduced due to the delay.

Payment of Benefits - All benefits payable will be paid to the Insured. Accrued benefits that are not paid at the Insured's death will be paid to his or her beneficiary or estate. If a benefit is to be paid to the Insured's estate, or to an Insured who is not competent to give a valid release, we may pay up to \$500 of such benefit to one of the Insured's relatives who is deemed by us to be justly entitled to it. Such payment, made in good faith, fully discharges us to the extent of the payment.

Physical Examinations and Autopsy - We have the right to have a Covered Person examined by a Physician of our choice as often as reasonably needed while a claim is pending. We will pay for such examination. In case of death, we may request an autopsy where it is not forbidden by law.

Proof of Loss - Proof of loss must be given to us at our Administrative Office within 90 days after the loss. If it is not reasonably possible to give proof within that time, late proof may be accepted if given within one year from the date of loss. This one year limit will not apply in the absence of legal capacity.

Time of Payment of Claims - Benefits for a covered loss will be paid as soon as we receive written proof of such loss.

GENERAL PROVISIONS

Adjustments in the Event of Clerical Error - Clerical error will not void insurance otherwise validly in force, nor will it continue or make insurance valid that otherwise would cease or would never have been issued.

Adjustments in the Event of Error in Age or Tobacco User Status - If the Age or Tobacco User status of any Covered Person is misstated, we will make an equitable adjustment in either the premium or amount of insurance. We will adjust any claims payable under this Policy to that amount of insurance that the premiums paid would have purchased based on the Covered Person's correct Age or Tobacco User status.

Conformity With State Statutes - Any provision of this Policy which is in conflict with the statutes of the governing jurisdiction is hereby amended to conform to the minimum requirements of such statutes.

Entire Contract - The Entire Contract consists of this Policy, any attached Amendments, Endorsements, or Riders, and your Application.

Legal Action - No legal action may be brought to recover under this Policy:

1. Within 60 days after written proof of loss has been furnished as required; or
2. More than three years from the time written proof of loss is required to be furnished.

Money Payable - All sums payable by or to us will be paid in the lawful currency of the United States of America.

No Dividends Payable - This Policy does not participate in the profits or surplus earnings of the Company.

Policyholder is an Agent of the Insured – For all purposes related to the insurance issued under this Policy, you act as an agent of the Insured. You do not, therefore, act as our agent for any purposes related to insurance issued under this Policy.

Right to Contest - We will not use any statement, except fraudulent statements, to void or reduce benefits under this Policy after it has been in force for two years from the Effective Date. Any such statements would have to be in a signed form. All statements made are considered representations and not warranties. No such statement will be used in any contest, unless a copy of such statement has been furnished to you.

For any Optional Critical Illness Coverage elections for which we require the Insured to complete an Evidence of Insurance Form, we will not use any statement, except fraudulent statements, to void or reduce his or her Optional Critical Illness Coverage after such coverage has been in force for two years from the Effective Date of such benefits. For increases in any Optional Critical Illness Coverage, our two-year right to contest starts anew, but will only apply to the amount of the increase.

Time Effective - For any dates used in this Policy, the effective time will be 12:01 AM at your address.